

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

Middlesex

County of

City or
Town of **Marlboro**
 The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. Registered No. **2**
 (Place of birth) (Residence of parents)No. **Marlboro, Hospital** St. Ward
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD **Alice Cowern** { If child is not yet named, make supplemental report, as directed

3 Sex of Child female	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born alive	6 Date of birth Jan. 21, 1919 (Month) (Day) (Year)
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FATHER

7 FULL NAME **Arthur Henry Cowern**

MOTHER

8 FULL MAIDEN NAME **Celia Morse**9 RESIDENCE No. St.
 (At time the birth occurred)**Southboro, Mass.**

(City or town)

10 RESIDENCE No. St.
 (At time the birth occurred)**Southboro, Mass.**

(City or town)

11 COLOR **W**12 AGE AT LAST BIRTHDAY YEARS
 (At time the birth occurred)13 COLOR **W.**14 AGE AT LAST BIRTHDAY YEARS
 (At time the birth occurred)15 BIRTHPLACE **England**
 (City or town) (State or country)16 BIRTHPLACE **Cambridge, Mass.**
 (City or town) (State or country)17 OCCUPATION **Farmer**

18 OCCUPATION

19 Attendant at birth or informant **Minnie O. Robbins**
 (If there was no physician or midwife attendant, draw line through "attendant at birth or")
Marlboro, Mass. (Name)**Matron Hospital**
 (Physician, midwife, father, or other)Address No. St.
 (City or town)Dated **Jan. 21, 1919**
 (Month) (Day) (Year)Did above-named personally attend the birth? **no**20 Received **Jan. 28, 1919**
 Registrar of city or town where birth occurred

21 Given name added from a supplemental report

Received **J. B. Morse**

(Month) (Day) (Year)

Registrar of city or town where parents resided

REGISTRAR

Commonwealth of Massachusetts.

City or Town, Gordonsville

Date of Birth, Jan. 7 1919

Sex, Female

Color (if other than white), _____

Name (if named), Mellie Morrissey

Place of Birth, No. _____ Street _____

Name of Father, Louy Morrissey

Name of Mother, Bertha Morrissey

Maiden Name of Mother, Bertha Giombetti

Age of Father, 22 Mother, 20

Residence of Parents, No. _____ Street _____

Ward _____

Occupation of Father, Weaver

Occupation of Mother (if any), Housekeeper

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did _____ personally attend the birth.

(Signature), W. H. Gaul

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Recd Jan 11, 1919
C. H. U.

The Commonwealth of Massachusetts

No. 1

RETURN OF A BIRTH

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth, . . . January 6, 1919
 Name of Child, . . . Gillie Marazzini
 Sex, Color and if Twin, . . . Female, white
 Place of Birth, . . . Southville Rd. Ward
Street and number.
 Full Name of Father, . . . Tony Marazzini Age 23
 Maiden Name of Mother, . . . Birtha Gumbetti Age 19
 Residence of Parents, . . . Southville Rd. Ward
Street and number.
 Occupation of Father, . . . Mill hand.
 Occupation of Mother, . . . Housekeeper
 Birthplace of Father, . . . Pisa Italy
 Birthplace of Mother, . . . Pisa Italy

Informant Tony MarazziniDated at Tony Marazzini 191Jan. 18, 1919

Signature and residence of
 person making return and
 in attendance at birth.

Dr. Gane
Southville

State on this line whether you personally attended the birth: Yes or No. . . .

Covered by Wm. H. Outchank

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

County of Middlesex

RETURN OF A BIRTH OF NON-RESIDENT PARENTS

City or Town of Framingham

Registered No. (Place of birth) Union Ave. Hospital. Registered No. 3 (Residence of parents)
No. 3 St. 3 Ward 3
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD John Stanley Sealey. (If child is not yet named, make supplemental report, as directed)

3 Sex of Child male 4 Twin, triplet, or other? -- 4a Number in order of birth -- 5 Born alive or still-born alive 6 Date of birth Jan 21 1919.
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
7 FULL NAME William Sealey.

MOTHER
8 FULL MAIDEN NAME Bertha Stanley.

9 RESIDENCE No. -- St. --
(At time the birth occurred) Southboro, Mass.
(City or town)

10 RESIDENCE No. -- St. --
(At time the birth occurred) Southboro, Mass.
(City or town)

11 COLOR white 12 AGE AT LAST BIRTHDAY -- YEARS
(At time the birth occurred)

13 COLOR white 14 AGE AT LAST -- YEARS
(At time the birth occurred)

15 BIRTHPLACE Southboro, Mass.
(City or town) (State or country)

16 BIRTHPLACE Charlestown, Mass.
(City or town) (State or country)

17 OCCUPATION Machinist.
(At time the birth occurred)

18 OCCUPATION Housewife.
(At time the birth occurred)

19 Attendant at birth or Informant J. Lowell Bacon. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth") (Name) (Physician, midwife, father, or other)

Address No. Southboro, Mass. St. --
(City or town)

Dated January 31, 1919. Did above-named personally attend the birth? yes.
(Month) (Day) (Year)

20 Received February 1, 1919.
(Month) (Day) (Year)
Chas. N. Hargraves, Asst.
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
--
(Month) (Day) (Year)

Received Chas. H. Newton 1919
(Month) (Day) (Year)
Registrar of city or town where parents resided

REGISTRAR

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. See reverse side for law governing the return, transmission, and recording of births of non-resident parents.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH
(See instructions in margin)

County of Middlesex
City or Town of Marlborough

Registered No. _____ (Place of birth)
Registered No. _____ (Residence of parents)
No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Maguire

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born	6 Date of birth <u>Jan 26 1920</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
7 FULL NAME <u>John Maguire</u>	8 FULL MAIDEN NAME <u>Mary Sheehan</u>		
9 RESIDENCE No. <u>Sears Rd</u> ST. <u>Southboro</u>	10 RESIDENCE No. <u>Sears Rd</u> ST. <u>Southboro</u>		
(At time the birth occurred)	(At time the birth occurred)		
(City or town)	(City or town)		
11 COLOR <u>W.</u>	12 AGE AT LAST BIRTHDAY <u>42</u> YEARS	13 COLOR <u>W.</u>	14 AGE AT LAST BIRTHDAY <u>32</u> YEARS
	(At time the birth occurred)		(At time the birth occurred)
15 BIRTHPLACE <u>Marlboro Mass</u>	16 BIRTHPLACE <u>N. J.</u>		
(City or town) (State or country)	(City or town) (State or country)		
17 OCCUPATION <u>Farm laborer</u>	18 OCCUPATION <u>home</u>		

19 Attendant at birth or informant Thos. F. McCarthy Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth") (Name) (Physician, midwife, father, or other)
Address No. 21 Cottage Ave St. Marlborough
Dated Jan 27 1920 (Month) (Day) (Year)
Did above-named personally attend the birth? yes

20 Received <u>Feb. 25, 1920</u>	21 Given name added from a supplemental report
<u>P. B. Murphy</u>	
Registrar of city or town where birth occurred	(Month) (Day) (Year)

Received _____

Registrar of city or town where parents resided

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

10-118, 10,000.

1 PLACE OF BIRTH

County of Worcester

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1919
Continued
on

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)

City or Town of Southboro

Registered No. _____
No. Marlboro Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Patrick Joseph Galtton { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>male</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>March 6, 1919</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>Louise J. Galtton</u>	8 FULL MAIDEN NAME MOTHER <u>Nna Golden</u>
9 RESIDENCE No. <u>Newton</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. <u>Newton</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)

11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>36</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Galway county, Ireland</u> (City or town) (State or country)	16 BIRTHPLACE <u>Fellon County, Ireland</u> (City or town) (State or country)		

17 OCCUPATION (At time the birth occurred)	18 OCCUPATION (At time the birth occurred) <u>Home keeper</u>
19 Attendant at birth <u>Dr. Mc Carthy</u> Physician or midwife <u>Physician</u> Address No. <u>Cottling Ave.</u> St. _____ City or town <u>Marlboro</u>	20 Informant <u>Mrs. Louise J. Galtton</u> Address No. <u>Newton St.</u> St. _____ City or town of <u>Southboro</u> Relationship to child, if any <u>Mother</u>

21 Name of canvasser William B. Outhwaite 22 Filed _____ (Month) (Day) (Year)
Date return was obtained Feb. 3, 1920
(Month) (Day) (Year)

REGISTRAR

The Commonwealth of Massachusetts

4.

SUPPLEMENTAL REPORT OF GIVEN NAME OF CHILD

(When any certificate of birth of a living child is returned without the statement of the given name this blank for the supplemental report of the given name should be delivered to the parents *to be returned to the city or town clerk, or in the city of Boston to the City Registrar, as soon as the child shall have been named.*)

PLACE OF BIRTH

Southborough

(City or town)

No.

St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

SEX OF CHILD

Male

TWIN, TRIPLET
OR OTHERNUMBER IN ORDER
OF BIRTH

(To be answered only in event of plural births)

DATE OF BIRTH

Mar

8

1919

(Month)

(Day)

(Year)

FATHER

Full name

Arthur Howard Bradway

MOTHER

Full maiden name

Blanche Weeks

Oct 7, 1919

(Date of filing supplemental report)

REGISTRAR

I HEREBY CERTIFY, That the child described herein has

been named

Howard Ernest Bradway

(Given name in full)

(Surname)

Signature

Mrs. Blanche

Delphina Bradway

(Parent)

Address

Please see that this slip, with instructions, reaches the parents of all children not named; the full record, with name, may be of great importance in after life.

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

**RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH**

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	Mar. 8, 1919		
Full Name of Child . .			
Sex, Color, and if Twin	Male, white		
Place of Birth	Otis Corner, Southboro	Ward	
	Street and Number		
Full Name of Father .	Arthur H. Bradway	Age	37
Maiden Name of Mother	Blanche D. Weeks	Age	32
Residence of Parents .	Otis Corner, Southboro	Ward	
	Street and Number		
Occupation of Father .	Painter		
Occupation of Mother .	At Home		
Birthplace of Father .	Greenwich, Mass.	Age	
Birthplace of Mother .	Windsor, N. H.	Age	

Dated at Marlborough, Mar. 10, 1919

Signature and residence of person making return and in attendance at birth. { Dr. C. W. Smith
Marlboro Mass.

8 Mar 12 C. H. M.

1. PLACE OF BIRTH

County of WorcesterCity or Town of Southboro Mass.The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

RETURN OF A BIRTH

Registered No. 5No. 1 St. 1 Ward 1
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME OF CHILD Howard D. Miner Jr.
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child <u>Male</u>	4. Twin, triplet, or other? <u>1</u> (To be answered only in event of plural births)	5. Born alive or stillborn <u>1</u>	6. Date of birth <u>March 10 1919</u> (Month) (Day) (Year)
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7. FULL NAME FATHER <u>Howard D. Miner</u>		8. FULL MAIDEN NAME MOTHER <u>Louise B. Kellogg</u>	
9. RESIDENCE No. <u>Main</u> St. <u>1</u> <u>Southboro Mass.</u> (City or Town)		10. RESIDENCE No. <u>Main</u> St. <u>1</u> <u>Southboro Mass.</u> (City or Town)	
11. COLOR <u>White</u>	12. AGE AT LAST BIRTHDAY <u>40</u> (Years)	13. COLOR <u>White</u>	14. AGE AT LAST BIRTHDAY <u>27</u> (Years)
15. BIRTHPLACE <u>North Adams Mass.</u> (City or Town) (State or Country)		16. BIRTHPLACE <u>Georgia</u> (City or Town) (State or Country)	
17. OCCUPATION <u>Teacher</u>		18. OCCUPATION <u>House wife</u>	

19. Attendant at birth Home B. Brown (Name) (Physician, Midwife, Father, or other)Address No. 17 St. Southboro
(City or Town)Dated March 17 1919
(Month) (Day) (Year)Did above-named personally attend the birth? Yes

20. This return was received at office of city or town

clerk on Mar 18 1919
(Month) (Day) (Year)Chas. H. Newton
REGISTRAR

21. Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

1. PLACE OF BIRTH

County of NorfolkCity or Town of Southboro Mass.The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSee
Deposition
#3
8-11-82

RETURN OF A BIRTH

Registered No. 6No. Cordwain Rd St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME OF CHILD Ferdinanda Bodelli
(If child is not yet named, make supplemental report, as directed)3. Sex of Child Male 4. Twin, triplet, or other? 3rd 4a. Number in order of birth 3rd 5. Born alive or stillborn or stillborn 6. Date of birth March 12 1919
(Month) (Day) (Year)7. FULL NAME FATHER James Bodelli8. FULL MAIDEN NAME MOTHER Felicitia Sulphur9. RESIDENCE No. Cordwain Rd. ST.
Southboro
(City or Town)10. RESIDENCE No. Cordwain Rd ST.
Southboro Mass.
(City or Town)11. COLOR White 12. AGE AT LAST BIRTHDAY 30
(Years)13. COLOR White 14. AGE AT LAST BIRTHDAY 26
(Years)15. BIRTHPLACE Italy
(City or Town) (State or Country)16. BIRTHPLACE Italy
(City or Town) (State or Country)17. OCCUPATION Laborer18. OCCUPATION Housewife19. Attendant at birth Dr. James Baer (Name) Physician
(Physician, Midwife, Father, or other)Address No. St. Southboro Mass
(City or Town)Dated March 15 1919 Did above-named personally attend the birth? yes
(Month) (Day) (Year)20. This return was received at office of city or town clerk on Mar 18 1919
(Month) (Day) (Year)
Chas. H. Newton

REGISTRAR

21. Given name added from a supplemental report
(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

County of Worcester

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)City or
Town of Southboro

Registered No.

No. Marlboro Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Edwin Salmon{ If child is not yet named, make
supplemental report, as directed3 Sex of
Childmale4 Twin, triplet,
or other ?

(To be answered only in event of plural births)

4a Number in
order of birth5 Born alive or still-
born alive6 Date of
birthMarch 14, 1919
(Month) (Day) (Year)7 FULL
NAME

FATHER

Frank Joseph Salmon

9 RESIDENCE No.

(At time the birth occurred)

Latin guama lane
Southboro
(City or town)

11 COLOR

white12 AGE AT LAST
BIRTHDAYYEARS
(At time the birth occurred)

15 BIRTHPLACE

Southboro, Mass.
(City or town) (State or country)

17 OCCUPATION

(At time the birth occurred)

Butcher

19 Attendant at birth

Physician or midwife

Address No.

City or town

Dr. McCarthy
Physician
Cottin & Ave
Marlboro

Did above-named personally attend the birth?

yes
(Yes or No)

21 Name of

canvasser

William H. Cuthank

Date return was obtained

Feb. 3, 1920
(Month) (Day) (Year)8 FULL
MAIDEN
NAME

MOTHER

Katherine J. Carey

10 RESIDENCE No.

(At time the birth occurred)

Latin guama lane
Southboro
(City or town)

13 COLOR

white14 AGE AT LAST
BIRTHDAYYEARS
(At time the birth occurred)

16 BIRTHPLACE

Boston, Mass.
(City or town) (State or country)

18 OCCUPATION

(At time the birth occurred)

Housekeeper

20 Informant

Address No.

City or town of

Relationship to
child, if anyMr. Frank J. Salmon
Latin guama lane
Southboro
Mother

22 Filed

(Month)

(Day)

(Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

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10-18. 10,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of MiddlesexRegistered No. _____ Registered No. 8
(Place of birth) (Residence of parents)City or Marlborough
Town of _____No. Marlborough Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Salmon{ If child is not yet named, make
supplemental report, as directed3 Sex of Child M4 Twin, triplet,
or other ?

(To be answered only in event of plural births)

4a Number in
order of birth5 Born alive or still-
bornalive6 Date of birth March 14, 1919
(Month) (Day) (Year)

FATHER

7 FULL
NAMEFrank Joseph Salmon

MOTHER

8 FULL
MAIDEN
NAMECatherine L. Carey9 RESIDENCE No. Latisquama rd St. _____
(At time the birth occurred)Southborough
(City or town)10 RESIDENCE No. Latisquama rd St. _____
(At time the birth occurred)Southborough
(City or town)

11 COLOR

W

12 AGE AT LAST

BIRTHDAY 44 YEARS
(At time the birth occurred)

13 COLOR

W

14 AGE AT LAST

BIRTHDAY 41 YEARS
(At time the birth occurred)

15 BIRTHPLACE

Southborough
(City or town) (State or country)

16 BIRTHPLACE

Boston
(City or town) (State or country)

17 OCCUPATION

State employee

18 OCCUPATION

- - - - -

19 Attendant at birth or informant

Thomas F McCarthyphysician(If there was no physician or midwife attendant,
draw line through "attendant at birth or")

(Name)

(Physician, midwife, father, or other)

Address No. 21 Cotting aveSt. MarlboroughDated March 15, 1919

(Month)

(Day)

(Year)

Did above-named personally attend the birth? yes
(City or town)20 Received March 20, 1919

21 Given name added from a supplemental report

Received _____

P. R. Murphy
Registrar of city or town where birth occurred

(Month)

(Day)

(Year)

Registrar of city or town where parents resided

REGISTRAR

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3-6-19. 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

273

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of MiddlesexRegistered No. _____ Registered No. 7
(Place of birth) (Residence of parents)City or
Town of MarlboroNo. Marlboro Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Gralton { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>Alive</u>	6 Date of birth <u>March 26, 1919</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Louis J. Gralton</u>	8 FULL MAIDEN NAME <u>Nora Golden</u>	9 RESIDENCE No. <u>Newton St.</u> ST. (At time the birth occurred) <u>Marlboro, Southborough</u> (City or town)	10 RESIDENCE No. <u>Newton St.</u> ST. (At time the birth occurred) <u>Marlboro, Southborough</u> (City or town)
11 COLOR <u>W.</u>	12 AGE AT LAST BIRTHDAY <u>34</u> YEARS (At time the birth occurred)	13 COLOR <u>W.</u>	14 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Ireland</u> (City or town) (State or country)	16 BIRTHPLACE <u>Ireland</u> (City or town) (State or country)	17 OCCUPATION <u>Dairyman</u>	18 OCCUPATION _____

19 Attendant at birth or informant E. McCarthy (Name) Physician (Physician, midwife, father, or other)
(If there was no physician or midwife attendant, draw line through "attendant at birth or")

Address No. Cotting Ave. St. Marlboro, Mass.
(City or town)Dated March 7, 1919 Did above-named personally attend the birth? yes
(Month) (Day) (Year)

20 Received _____

March 7, 1919.

Registrar of city or town where birth occurred

Received J. W. Murphy

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in either city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1916, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-6-19, 20,000.

B

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

397

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of MIDDLESEX

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or
Town of MARLBOROUGHNo. MARLBOROUGH HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD PATRICK JOSEPH GRALTON (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>M</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>ALIVE</u>	6 Date of birth <u>MARCH 16, 1919</u> (Month) (Day) (Year)
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7 FULL NAME <u>LOUIS J. GRALTON</u>	8 FULL MAIDEN NAME <u>NORA GOLDEN</u>
--	--

9 RESIDENCE No. <u>NEWTON</u> ST. _____ (At time the birth occurred) <u>SOUTHBOROUGH</u> (City or town)	10 RESIDENCE No. <u>NEWTON</u> ST. _____ (At time the birth occurred) <u>SOUTHBOROUGH</u> (City or town)
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11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>34</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Ireland</u> (City or town) (State or country)	16 BIRTHPLACE <u>Ireland</u> (City or town) (State or country)
--	--

17 OCCUPATION <u>DAIRYMAN</u>	18 OCCUPATION <u>HOUSEWIFE</u>
----------------------------------	-----------------------------------

19 Attendant at birth or informant (If there was no physician or midwife attendant, draw line through "attendant at birth or")	<u>THOMAS F. MCCARTHY</u> (Name)	<u>PHYSICIAN</u> (Physician, midwife, father, or other)
---	-------------------------------------	--

Address No. <u>21 COTTING AVENUE</u> St. <u>MARLBOROUGH</u> (City or town)	Did above-named personally attend the birth? <u>yes</u>
Dated <u>March 17, 1919</u> (Month) (Day) (Year)	

20 Received <u>March 20, 1919</u> <u>P.B. Murphy</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
---	--

Received _____ Registrar of city or town where parents resided	REGISTRAR
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WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-6-19, 20,000.

14

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF BIRTH

County of Middlesex

City or Town of Frammingham

RETURN OF A BIRTH OF NON-RESIDENT PARENTS

Registered No. _____ (Place of birth) Registered No. 9 (Residence of parents)
No. Frammingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Alice Goodridge } If child is not yet named, make supplemental report, as directed

3 Sex of Child female or other? - 4a Number in order of birth _____ 5 Born alive or still-born alive 6 Date of birth March 24, 1919
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
7 FULL NAME Edward Goodridge

MOTHER
8 FULL MAIDEN NAME Alice Sevin

9 RESIDENCE No. St. Mark's School ST. _____
(At time the birth occurred)
Southborough, Mass.
(City or town)

10 RESIDENCE No. St. Mark's School ST. _____
(At time the birth occurred)
Southborough, Mass.
(City or town)

11 COLOR white 12 AGE AT LAST BIRTHDAY 39 YEARS
(At time the birth occurred)

13 COLOR white 14 AGE AT LAST BIRTHDAY 29 YEARS
(At time the birth occurred)

15 BIRTHPLACE Warehouse Point, Conn.
(City or town) (State or country)

16 BIRTHPLACE Picquigny-Somme, France
(City or town) (State or country)

17 OCCUPATION (At time the birth occurred) Teacher

18 OCCUPATION (At time the birth occurred) Housewife

19 Attendant at birth or Informant J. Lowell Bacon Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southborough, Mass.
(City or town)

Dated March 29, 1919 Did above-named personally attend the birth? yes
(Month) (Day) (Year)

20 Received April 1, 1919 (Month) (Day) (Year)
Chas. H. Hargraves, Asst.
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
(Month) (Day) (Year)

Received April 6, 1919 (Month) (Day) (Year)
Chas. H. Hargraves
Registrar of city or town where parents resided

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. See reverse side for law governing the return, transmission, and recording of births of non-resident parents.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH
(See instructions in margin)

County of Middlesex

Registered No. _____ Registered No. 10
(Place of birth) (Residence of parents)

City or Town of Marlborough

No. Marlborough Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD McHale { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth <u>1</u>	5 Born alive or DEAD <u>DEAD</u>	6 Date of birth <u>March 29, 1919</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Richard McHale</u>	8 FULL MAIDEN NAME <u>Catherine Dolan</u>	9 RESIDENCE No. <u>Ward road</u> ST. <u>Southborough</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>Ward road</u> ST. <u>Southborough</u> (At time the birth occurred) (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>25</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Southborough</u> (City or town) (State or country)	16 BIRTHPLACE <u>Ireland</u> (City or town) (State or country)	17 OCCUPATION <u>Farmer</u>	18 OCCUPATION <u>-----</u>

19 Attendant at birth or informant W. F. Mahoney Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Westborough
(City or town)

Dated March 31, 1919 Did above-named personally attend the birth? yes
(Month) (Day) (Year)

20 Received <u>April 2, 1919</u> <u>P.B. Murphy</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

10-118, 10,000.

1 PLACE OF BIRTH

County of Worcester

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)

City or Town of Southboro

Registered No. _____
No. Marlboro Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Alice Mary M. Hale (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? _____ (To be answered only in event of plural births)	4a Number in order of birth _____	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Mar 29 1919</u> (Month) (Day) (Year)
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7 FATHER FULL NAME <u>Richard M. Hale</u> <u>Ward Rd.</u> St. _____ <u>Southboro</u> (City or town)		8 MOTHER FULL MAIDEN NAME <u>Katherine Dolay</u> <u>Ward Rd.</u> St. _____ <u>Southboro</u> (City or town)	
---	--	--	--

11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>25</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>23</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Southboro Mass</u> (City or town) (State or country)		16 BIRTHPLACE <u>Cork County Ireland</u> (City or town) (State or country)	

17 OCCUPATION (At time the birth occurred) <u>Farmer</u>	18 OCCUPATION (At time the birth occurred) <u>Housekeeper</u>
19 Attendant at birth <u>Dr. Mahoney</u> Physician or midwife <u>Physician</u> Address No. <u>South</u> St. _____ City or town <u>Southboro</u>	20 Informant <u>Richard M. Hale</u> Address No. <u>Ward Rd.</u> St. _____ City or town of <u>Southboro</u> Relationship to child, if any <u>Father</u>
Did above-named personally attend the birth? <u>yes.</u> (Yes or No)	

21 Name of canvasser <u>William H. Cuthbert</u>	22 Filed _____ (Month) (Day) (Year)
Date return was obtained <u>Feb. 3, 1920</u> (Month) (Day) (Year)	REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. See reverse side for law governing the return, transmission, and recording of births of non-resident parents.

9-1S. 20,000.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

RETURN OF A BIRTH OF NON-RESIDENT PARENTS

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)
No. Framingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Carl Albro Brummett. (If child is not yet named, make supplemental report, as directed)

3 Sex of Child male 4 Twin, triplet, or other? _____ 4a Number in order of birth _____ 5 Born alive or still-born alive 6 Date of birth April 1, 1919.
(To be answered only in event of plural births) — (Month) (Day) (Year)

FATHER
7 FULL NAME Elmer H. Brummett.

MOTHER
8 FULL MAIDEN NAME Almeda A. Furbish.

9 RESIDENCE No. Oak Hill Rd. St. _____
(At time the birth occurred)
Southborough, Mass.
(City or town)

10 RESIDENCE No. Oak Hill Rd. St. _____
(At time the birth occurred)
Southborough, Mass.
(City or town)

11 COLOR white 12 AGE AT LAST BIRTHDAY 31 YEARS
(At time the birth occurred)

13 COLOR white 14 AGE AT LAST BIRTHDAY 27 YEARS
(At time the birth occurred)

15 BIRTHPLACE Framingham, Mass.
(City or town) (State or country)

16 BIRTHPLACE Boston, Mass.
(City or town) (State or country)

17 OCCUPATION (At time the birth occurred) Inspector, N.Y.N.H.

18 OCCUPATION (At time the birth occurred) Housewife.

19 Attendant at birth or Informant (If there was no physician or midwife attendant, draw line through 'attendant at birth')
Wm. M. Bodwell. (Name) Physician. (Physician, midwife, father, or other)

Address No. _____ St. Framingham, Mass.
(City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes.

20 Received April 4, 1919.
(Month) (Day) (Year)

21 Given name added from a supplemental report
(Month) (Day) (Year)

Chas. H. Hargrave, Asst.
Registrar of city or town where birth occurred
Received Chas. H. Hargrave 1919
(Month) (Day) (Year)
Chas. H. Hargrave
Registrar of city or town where parents resided

REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

County of Middlesex

RETURN OF A BIRTH OF NON-RESIDENT PARENTS

City or Town of Framingham

Registered No. _____ (Place of birth) Registered No. 12 (Residence of parents)
No. Framingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD (Baby) Robbins.

If child is not yet named, make supplemental report, as directed

3 Sex of Child female 4 Twin, triplet, or other? _____ 4a Number in order of birth _____ 5 Born alive or still-born stillborn 6 Date of birth May 18, 1919
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
7 FULL NAME James W. Robbins.
9 RESIDENCE No. -- St. --
(At time the birth occurred) Southboro, Mass.
(City or town)

MOTHER
8 FULL MAIDEN NAME Mary E. Howes.
10 RESIDENCE No. -- St. --
(At time the birth occurred) Southboro, Mass.
(City or town)

11 COLOR white 12 AGE AT LAST BIRTHDAY -- YEARS
(At time the birth occurred)

13 COLOR white 14 AGE AT LAST BIRTHDAY -- YEARS
(At time the birth occurred)

15 BIRTHPLACE Lynnfield, Mass.
(City or town) (State or country)

16 BIRTHPLACE Holyoke, Mass.
(City or town) (State or country)

17 OCCUPATION Electrician.
(At time the birth occurred)

18 OCCUPATION Housewife.
(At time the birth occurred)

19 Attendant at birth or Informant J. L. Bacon. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southboro, Mass.
(City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes.

20 Received May 20, 1919.
(Month) (Day) (Year)
Chas. N. Barnardes, Secy.
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
(Month) (Day) (Year)

Received May 27, 1919
(Month) (Day) (Year)
Chas. N. Barnardes, Secy.
Registrar of city or town where parents resided

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. See reverse side for law governing the return, transmission, and recording of births of non-resident parents.

1 PLACE OF BIRTH

County of WorcesterCity or
Town of SouthboroThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)Registered No. 12
No. Framingham Hospital Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

{ If child is not yet named, make
supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>—</u> (To be answered only in event of plural births)	4a Number in order of birth <u>—</u>	5 Born alive or still-born <u>stillborn</u>	6 Date of birth <u>May 18, 1919</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME James W Robbins

9 RESIDENCE No. Boston Rd St.
(At time the birth occurred)
Southboro
(City or town)

MOTHER

8 FULL MAIDEN NAME Marion C Hoover

10 RESIDENCE No. Boston Rd. St.
(At time the birth occurred)
Southboro
(City or town)

11 COLOR white

12 AGE AT LAST BIRTHDAY 35 YEARS
(At time the birth occurred)

13 COLOR white

14 AGE AT LAST BIRTHDAY 29 YEARS
(At time the birth occurred)

15 BIRTHPLACE Linfield Mass
(City or town) (State or country)

16 BIRTHPLACE Holyoke Mass
(City or town) (State or country)

17 OCCUPATION Electrician
(At time the birth occurred)

18 OCCUPATION Housekeeper
(At time the birth occurred)

19 Attendant at birth Dr. Bacon
Physician or midwife Physician
Address No. Salisbury Rd. St.
City or town Southboro

20 Informant Mrs James W Robbins
Address No. Boston Rd. St.
City or town of Southboro
Relationship to child, if any Mother

Did above-named personally attend the birth? Yes
(Yes or No)

21 Name of canvasser Wm H Cuthbert

22 Filed (Month) (Day) (Year)

Date return was obtained Feb. 6, 1920
(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

13.

Commonwealth of Massachusetts.

City or Town, Southboro Mass.

Date of Birth, May 20 1919.

Sex, 7.

Color (if other than white), White.

Name (if named), Mary Boldelli

Place of Birth, No. 7 Fairview Mass. Street

Name of Father, Joe Boldelli

Name of Mother, Reta

Maiden Name of Mother, Reta Travellini

Age of Father, 46 Mother, 38

Residence of Parents, No. Cherry Street

Ward

Occupation of Father, Laborer

Occupation of Mother (if any), Housewife

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did..... personally attend the birth.

(Signature), Jonell Bacon
Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts
City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	June 7, 1919	
Full Name of Child . . .		
Sex, Color, and if Twin	Female, white	
Place of Birth	Southboro Rd. Southboro	Ward
	Street and Number	
Full Name of Father	James B. Johnson	Age 42
Maiden Name of Mother	Leticia Campbell	Age 40
Residence of Parents	Southboro Rd. Southboro	Ward
	Street and Number	
Occupation of Father	Farmer	
Occupation of Mother	At Home	
Birthplace of Father . .	Southboro Mass.	Age
Birthplace of Mother . .	Nova Scotia	Age

Dated at Marlborough, June 10 1919

Signature and residence of person making return and in attendance at birth. { C. H. Smith M.D.
Marlboro Mass

June 11 C. H. N

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

County of Worcester

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)City or
Town of SouthboroRegistered No. 14No. Youthboro Rd. St. 14 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Myrtle Elizabeth Johnson{ If child is not yet named, make
supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>(To be answered only in event of plural births)</u>	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>June 9 1919</u> (Month) (Day) (Year)
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7 FULL NAME FATHER
James B Johnson

9 RESIDENCE No. Southboro Rd.
(At time the birth occurred)
Southboro
(City or town)

8 FULL MAIDEN NAME MOTHER
Lexie Campbell

10 RESIDENCE No. Southboro Rd.
(At time the birth occurred)
Southboro
(City or town)

11 COLOR white

12 AGE AT LAST BIRTHDAY 43 YEARS
(At time the birth occurred)

13 COLOR white

14 AGE AT LAST BIRTHDAY 40 YEARS
(At time the birth occurred)

15 BIRTHPLACE Southboro
(City or town) (State or country)

16 BIRTHPLACE Middle River C. B.
(City or town) (State or country)

17 OCCUPATION Farmer
(At time the birth occurred)

18 OCCUPATION Housekeeper
(At time the birth occurred)

19 Attendant at birth Dr. Smith
Physician or midwife Physician
Address No. West Main St.
City or town Southboro

20 Informant Mrs James Johnson
Address No. Youthboro Rd. St.
City or town of Southboro
Relationship to child, if any Mother

Did above-named personally attend the birth? Yes
(Yes or No)

21 Name of canvasser William H. Outhank

22 Filed _____
(Month) (Day) (Year)

Date return was obtained Feb. 3, 1920
(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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1 PLACE OF BIRTH

County of **Suffolk**City or
Town of **Boston**

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. (Place of birth) Registered No. **10408**
(Residence of parents)No. **231 BAY STATE RD** St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD **MARGERY DEANE JOHNSON** { If child is not yet named, make supplemental report, as directed

3 Sex of Child F	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born	6 Date of birth JUL 21 (Month) (Day) (Year) 1919
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(To be answered only in event of plural births)

7 FULL NAME FATHER ROBERT H	8 FULL MAIDEN NAME MOTHER ILMA M SESSIONS
------------------------------------	--

9 RESIDENCE No. (At time the birth occurred) SOUTHBORO MASS (City or town)	10 RESIDENCE No. (At time the birth occurred) SOUTHBORO MASS (City or town)
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11 COLOR W	12 AGE AT LAST BIRTHDAY 33 YEARS (At time the birth occurred)	13 COLOR W	14 AGE AT LAST BIRTHDAY 30 YEARS (At time the birth occurred)
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15 BIRTHPLACE NEWTON MASS (City or town) (State or country)	16 BIRTHPLACE WHITTIER CAL (City or town) (State or country)
---	--

17 OCCUPATION FARMER	18 OCCUPATION HOUSEWIFE
-----------------------------	--------------------------------

19 Attendant at birth or informant (If there was no physician or midwife attendant, draw line through "attendant at birth or")	(Name) E T RANSOM M D (Physician, midwife, father, or other)
---	--

Address No. **231 BAY STATE RD** St. **BOSTON**
(City or town)Dated (Month) (Day) (Year) **1919**
Did above-named personally attend the birth?

20 Received JUL 31 1919 Registrar of city or town where birth occurred	21 Given name added from a supplemental report MAR 31 1920 (Month) (Day) (Year) 1919
--	--

Received

Registrar of city or town where parents resided

REGISTRAR

EWM Glenen

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

ALL NAMES TO BE IN FULL

Dated at Marlborough, Aug 3 - 1919.

Signature and residence of }
person making return and }
in attendance at birth. }
25 Aug 12 C. H. H., }
Marlow }
Mass }

1 PLACE OF BIRTH

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

County of Worcester

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)City or Town of SouthboroRegistered No. 15No. Central St. Central Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Charles Phillipio

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>male</u>	4 Twin, triplet, or other? <u></u> (To be answered only in event of plural births)	4a Number in order of birth <u></u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 1, 1919</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME John P. Phillipio

9 RESIDENCE No. Central St. Central
(At time the birth occurred)
Southboro
(City or town)

MOTHER

8 FULL MAIDEN NAME Scharlene Reachi

10 RESIDENCE No. Central St. Central
(At time the birth occurred)
Southboro
(City or town)

11 COLOR white

12 AGE AT LAST BIRTHDAY 49 YEARS
(At time the birth occurred)

13 COLOR white

14 AGE AT LAST BIRTHDAY 38 YEARS
(At time the birth occurred)

15 BIRTHPLACE Marchand
(City or town) (State or country)

16 BIRTHPLACE Marchand
(City or town) (State or country)

17 OCCUPATION Labour
(At time the birth occurred)

18 OCCUPATION House keeper
(At time the birth occurred)

19 Attendant at birth Dr. Merrill
Physician or midwife Physician
Address No. Marchand St. Central
City or town Southboro

20 Informant Mr. John Phillipio
Address No. Central St. Central
City or town of Southboro
Relationship to child, if any Father

Did above-named personally attend the birth? Yes
(Yes or No)

21 Name of canvasser William H. Cuthbert

22 Filed (Month) (Day) (Year)

Date return was obtained Feb. 8, 1919
(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

10-718, 10,000.

26

1 PLACE OF BIRTH

County of WorcesterCity or Town of SouthboroThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)City or Town of SouthboroRegistered No. Marlboro Hospital St. Marlboro Ward Hospital
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Evelyn Florence Lane

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u></u> (To be answered only in event of plural births)	4a Number in order of birth <u></u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 7, 1919</u> (Month) (Day) (Year)
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7 FULL NAME <u>Charles Howard Lane</u>	FATHER
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9 RESIDENCE No. <u>W. Vickory</u> St. <u></u> (At time the birth occurred)	<u>Southboro</u> (City or town)
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11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Gloucester Mass</u> (City or town) (State or country)

17 OCCUPATION <u>Farmer</u> (At time the birth occurred)

19 Attendant at birth <u>Dr. Davies</u> Physician or midwife <u>Physician</u> Address No. <u>E. Main</u> St. <u></u> City or town <u>Marlboro</u>
--

Did above-named personally attend the birth? <u>yes</u> (Yes or No)
--

21 Name of canvasser <u>William H. Outhart</u>
--

Date return was obtained <u>Feb. 4, 1920</u> (Month) (Day) (Year)
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8 FULL MAIDEN NAME <u>Mattie Florence Lane</u>	MOTHER
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10 RESIDENCE No. <u>W. Vickory</u> St. <u></u> (At time the birth occurred)	<u>Southboro</u> (City or town)
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13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>28</u> YEARS (At time the birth occurred)
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16 BIRTHPLACE <u>Rockport Mass</u> (City or town) (State or country)

18 OCCUPATION <u>House keeper</u> (At time the birth occurred)

20 Informant <u>Charles Howard Lane</u> Address No. <u>Middle Rd</u> St. <u></u> City or town of <u>Southboro</u> Relationship to child, if any <u>Grand father</u>
--

22 Filed <u></u> (Month) <u></u> (Day) <u></u> (Year)

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ Registered No. 16
(Place of birth) (Residence of parents)

City or Marlboro
Town of _____

No. Marlboro Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Lane { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 7 1919</u> (Month) (Day) (Year)
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7 FULL NAME <u>Charles H. Lane</u>	8 FULL MAIDEN NAME <u>Mattie H.</u>
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9 RESIDENCE No. <u>Mt. Victory R.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	10 RESIDENCE No. <u>Mt. Victory Rd.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)
--	--

11 COLOR <u>W.</u>	12 AGE AT LAST BIRTHDAY _____ YEARS (At time the birth occurred)	13 COLOR <u>W.</u>	14 AGE AT LAST BIRTHDAY <u>28</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE _____ (City or town) (State or country)	16 BIRTHPLACE _____ (City or town) (State or country)
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17 OCCUPATION _____	18 OCCUPATION _____
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19 Attendant at birth or informant Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") Davis (Name) (Physician, midwife, father, or other)

Address No. West Main St. Marlboro, Mass.
(City or town)

Dated Aug. 7 1919 Did above-named personally attend the birth? _____
(Month) (Day) (Year)

20 Received <u>Aug. 8 1919</u>	21 Given name added from a supplemental report
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Received _____ (Month) (Day) (Year)
Registrar of city or town where birth occurred

Received P. D. Murphy Registrar of city or town where parents resided

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
 N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and
 the number of each, in order of birth, stated

1 PLACE OF BIRTH

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

County of Worcester

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)City or
Town of SouthboroRegistered No. 17
No. Marlboro Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Theodore George Mastry { If child is not yet named, make
supplemental report, as directed

3 Sex of Child <u>male</u>	4 Twin, triplet, or other? <u> </u> (To be answered only in event of plural births)	4a Number in order of birth <u> </u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 15, 1919</u> (Month) (Day) (Year)
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FATHER
 7 FULL NAME Richard B Mastry
 9 RESIDENCE No. Cordaville Rd., St.
 (At time the birth occurred)
Southboro
 (City or town)

MOTHER
 8 FULL MAIDEN NAME Alice M. Hadley
 10 RESIDENCE No. Cordaville Rd., St.
 (At time the birth occurred)
Southboro
 (City or town)

11 COLOR white
 12 AGE AT LAST BIRTHDAY 38 YEARS
 (At time the birth occurred)

13 COLOR white
 14 AGE AT LAST BIRTHDAY 33 YEARS
 (At time the birth occurred)

15 BIRTHPLACE Sandwich N. H.
 (City or town) (State or country)

16 BIRTHPLACE Mt. Vernon N. H.
 (City or town) (State or country)

17 OCCUPATION Teamster
 (At time the birth occurred)

18 OCCUPATION House keeper
 (At time the birth occurred)

19 Attendant at birth Dr. Moore
 Physician or midwife Physician
 Address No. St.
 City or town Asland Mass
 Did above-named personally attend the birth? yes
 (Yes or No)

20 Informant Mrs Richard B Mastry
 Address No. Cordaville Rd., St.
 City or town of Southboro
 Relationship to child, if any Mother

21 Name of canvasser Wm H Cuthank

22 Filed (Month) (Day) (Year)

Date return was obtained Feb 4 1920
 (Month) (Day) (Year)

REGISTRAR

Form E.

PHYSICIAN'S CERTIFICATE.

The Commonwealth of Massachusetts

No.

RETURN OF A BIRTH

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth, . . . Aug. 15 1919.

Name of Child, . . .

Sex, Color and if Twin, . . . Male

Place of Birth, . . . Cordaville Rd Southboro Ward

Street and number.

Full Name of Father, Richard B. Marston Age 38

Maiden Name of Mother, Alice M. Hadley Age 33

Residence of Parents, . . . Cordaville Rd Southboro Ward

Street and number.

Occupation of Father, . . . Farmer

Occupation of Mother, . . . Home

Birthplace of Father, . . . Sandwich N. H.

Birthplace of Mother, . . . Mt. Vernon N. H.

Dated at Ashland Aug 15 1919

Signature and residence of person making return and in attendance at birth. } R. S. Morse
Ashland Mass.

State on this line whether you personally attended the birth: Yes or No Yes

Aug 16, 1919 C. H. H.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

County of Worcester

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)

City or Town of Southboro

Registered No. 19
No. Homoeopathic Hospital St. Boston Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Cushman Perry Bean

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>male</u>	4 Twin, triplet, or other? <u></u> (To be answered only in event of plural births)	4a Number in order of birth <u></u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 21, 1919</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>Chester Merry Bean</u>	8 FULL MAIDEN NAME MOTHER <u>Ruth M. Stockman</u>
9 RESIDENCE No. <u>Hammond</u> St. <u></u> (At time the birth occurred) <u>Cordaville</u> (City or town)	10 RESIDENCE No. <u>Hammond</u> St. <u></u> (At time the birth occurred) <u>Cordaville</u> (City or town)

11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>37</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Boston</u> <u>Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>South Boston</u> <u>Mass.</u> (City or town) (State or country)		

17 OCCUPATION (At time the birth occurred) <u>Electrician</u>	18 OCCUPATION (At time the birth occurred) <u>Housekeeper</u>
19 Attendant at birth <u>Dr. Ruggles</u> Physician or midwife <u>Physician</u> Address No. <u></u> St. <u></u> City or town <u>Boston</u> <u>Mass.</u>	20 Informant <u>Mrs. Fuller</u> Address No. <u>Cordaville Rd.</u> St. <u></u> City or town of <u>Cordaville</u> Relationship to child, if any <u>none</u>
Did above-named personally attend the birth? <u>yes</u> (Yes or No)	

21 Name of canvasser <u>William H. Cuthbert</u>	22 Filed <u></u> (Month) <u></u> (Day) <u></u> (Year)
Date return was obtained <u>Feb. 4, 1920</u> (Month) (Day) (Year)	REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of SuffolkRegistered No. _____ Registered No. 11557
(Place of birth) (Residence of parents)City or
Town of BostonNo. MASS HOMOEOP HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD CUSHMAN PERRY BEAN { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>M</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born	6 Date of birth <u>AUG 21</u> (Month) (Day) (Year) <u>1919</u>
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7 FULL NAME <u>CHESTER M</u>	8 FULL MAIDEN NAME <u>RUTH N STOCKEMER</u>
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9 RESIDENCE No. <u>HAMMOND ST</u> ST. _____ (At time the birth occurred) <u>CORDAVILLE</u> (City or town)	10 RESIDENCE No. <u>HAMMOND ST</u> ST. _____ (At time the birth occurred) <u>CORDAVILLE</u> (City or town)
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11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>34</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>REVERE MASS</u> (City or town) (State or country)	16 BIRTHPLACE <u>BOSTON MASS</u> (City or town) (State or country)
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17 OCCUPATION <u>MANAGER</u>	18 OCCUPATION <u>HOUSEWIFE</u>
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19 Attendant at birth or informant (If there was no physician or midwife attendant, draw line through "attendant at birth or")	<u>H M POLLOCK M D</u> (Name) (Physician, midwife, father, or other)
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Address No. _____ St. _____
(City or town)

Dated _____ (Month) (Day) (Year)	Did above-named personally attend the birth? _____
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20 Received <u>AUG 25 1919</u>	21 Given name added from a supplemental report
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Received _____ Registrar of city or town where birth occurred	_____ 1919. (Month) (Day) (Year)
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Received _____ Registrar of city or town where parents resided	<u>EWM Glenen</u> REGISTRAR
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WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Bristol

Registered No. _____ Registered No. 18.
(Place of birth) (Residence of parents)

City or
Town of New Bedford

No. St. Lukes Hospital St. 5 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Hope Knowles { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>Alive</u>	6 Date of birth <u>Aug. 21, 1919</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Richard Knowles</u>	8 FULL MAIDEN NAME <u>May F. Ashley</u>	9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)
11 COLOR <u>White</u>	12 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)	13 COLOR <u>White</u>	14 AGE AT LAST BIRTHDAY <u>24</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Boston, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>New Bedford, Mass.</u> (City or town) (State or country)	17 OCCUPATION <u>Teacher</u>	18 OCCUPATION <u>Housewife</u>

19 Attendant at birth or informant Charles A. Pratt Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. 60 Orchard St. New Bedford
(City or town)

Dated August 22, 1919 Did above-named personally attend the birth? Yes
(Month) (Day) (Year)

20 Received August 23, 1919
[Signature]
Registrar of city or town where birth occurred

Received Oct 12, 1919
Chas. H. Newton
Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)
[Signature]
REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-6-19, 20,000.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. See reverse side for law governing the return, transmission, and recording of births of non-resident parents.

9-118. 20,000.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Dorchester

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

RETURN OF A BIRTH OF NON-RESIDENT PARENTS

Registered No. 96 (Place of birth) Registered No. 20 (Residence of parents)
 No. Blanchard Street St., Ward Ward
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Roman (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other? ☒	4a Number in order of birth <u>1</u>	5 Born alive or still-born <u>Stillborn</u>	6 Date of birth <u>Sept 19, 1919</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>Ed. H. Roman</u>	8 FULL MAIDEN NAME MOTHER <u>Alma Labrosse</u>
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9 RESIDENCE No. <u>Southboro</u> ST. <u>Mass.</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>Southboro</u> ST. <u>Mass.</u> (At time the birth occurred) (City or town)
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11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>42</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>37</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Marlow Mass</u> (City or town) (State or country)	16 BIRTHPLACE <u>Marlow Mass</u> (City or town) (State or country)
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17 OCCUPATION <u>Shoemaker</u> (At time the birth occurred)	18 OCCUPATION <u>Carpenter</u> (At time the birth occurred)
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19 Attendant at birth or Informant (If there was no physician or midwife attendant, draw line through "attendant at birth")
John A. Doyle (Name) Physician (Physician, midwife, father, or other)

Address No. Dorchester St., Mass. (City or town)

Dated Sept 20, 1919 (Month) (Day) (Year)

Did above-named personally attend the birth? yes

20 Received <u>John A. Doyle</u> 1919 (Month) (Day) (Year) Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
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Received Feb 17, 1920 (Month) (Day) (Year)
Chas. H. Newton Registrar of city or town where parents resided

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

County of Worcester

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)

City or Town of Southboro

Registered No. 21
No. Private Hospital (Mrs. Henry Boyd) 10 Washington St. Malden Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Mildred June Schradu (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u></u> (To be answered only in event of plural births)	4a Number in order of birth <u></u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Oct. 16, 1917</u> (Month) (Day) (Year)
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FATHER
7 FULL NAME Alfred B. Schradu
Latisguama
9 RESIDENCE No. St.
(At time the birth occurred)
Southboro
(City or town)

MOTHER
8 FULL MAIDEN NAME Violet J. Robutson
Latisguama
10 RESIDENCE No. St.
(At time the birth occurred)
Southboro
(City or town)

11 COLOR white
12 AGE AT LAST BIRTHDAY 28 YEARS
(At time the birth occurred)

13 COLOR white
14 AGE AT LAST BIRTHDAY 23 YEARS
(At time the birth occurred)

15 BIRTHPLACE Camo N. S.
(City or town) (State or country)

16 BIRTHPLACE Watson N. B.
(City or town) (State or country)

17 OCCUPATION Labour
(At time the birth occurred)

18 OCCUPATION Housekeeper
(At time the birth occurred)

19 Attendant at birth Dr. Bacon
Physician or midwife Physician
Address No. Latisguama St.
City or town Southboro

20 Informant Alfred B. Schradu
Address No. Latisguama St.
City or town of Southboro
Relationship to child, if any Father

Did above-named personally attend the birth? yes
(Yes or No)

21 Name of canvasser William H. Routhan

22 Filed (Month) (Day) (Year)

Date return was obtained Feb. 4, 1929
(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

1. PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCounty of MIDDLESEX

RETURN OF A BIRTH

Registered No.

City or
Town of MARLBOROUGHNo. 40, Bicknell St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME OF CHILD -----Schiader { If child is not yet named, make supplemental report, as directed

3. Sex of Child <u>Female</u>	4. Twin, triplet, or other ? (To be answered only in event of plural births)	4a. Number in order of birth	5. Born alive or stillborn	6. Date of birth <u>Oct. 16, 1919</u> (Month) (Day) (Year)
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7. FULL NAME <u>FATHER</u> <u>Alfred B. Schiader</u>	8. FULL MAIDEN NAME <u>MOTHER</u> <u>Violet Robertson</u>
--	---

9. RESIDENCE No. St. <u>SOUTHBOROUGH</u> (City or Town)	10. RESIDENCE No. St. <u>SOUTHBOROUGH</u> (City or Town)
--	---

11. COLOR <u>W</u>	12. AGE AT LAST BIRTHDAY <u>28</u> (Years)	13. COLOR <u>W</u>	14. AGE AT LAST BIRTHDAY <u>22</u> (Years)
--------------------	---	--------------------	---

15. BIRTHPLACE <u>----Nova Scotia</u> (City or Town) (State or Country)	16. BIRTHPLACE <u>----- Nova Scotia</u> (City or Town) (State or Country)
--	--

17. OCCUPATION <u>Laborer</u>	18. OCCUPATION <u>-----</u>
----------------------------------	--------------------------------

19. Attendant at birth <u>J. Lowell Bacon</u> (Name)	<u>PHYSICIAN</u> (Physician, Midwife, Father, or other)
---	--

Address No. St. <u>SOUTHBOROUGH</u> (City or Town)
--

Dated <u>Oct. 17, 1919</u> (Month) (Day) (Year)	Did above-named personally attend the birth? <u>YES</u>
--	---

20. This return was received at office of city or town clerk on <u>October 18, 1919</u> (Month) (Day) (Year)	21. Given name added from a supplemental report (Month) (Day) (Year)
---	---

<u>Marlborough</u> REGISTRAR	<u>P.B. Murphy</u> REGISTRAR
---------------------------------	---------------------------------

Oct. 21, 1919, CHH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N. B. — In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough (*See deposition #1*)

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	<i>Oct 17 - 1919.</i>	
Full Name of Child . . .	<i>Minucci</i>	
Sex, Color, and if Twin	<i>F. W. -</i>	
Place of Birth	<i>Grove St. Fagarella</i>	Ward.....
	Street and Number	
Full Name of Father . . .	<i>Minucci Giacomo (James)</i>	Age.....
Maiden Name of Mother	<i>Grove - Antonietta</i>	Age <i>26</i>
Residence of Parents . .	<i>Grove St. Fagarella</i>	Ward.....
	Street and Number	
Occupation of Father . .	<i>Labour.</i>	
Occupation of Mother . .	<i>House</i>	
Birthplace of Father . . .	<i>Italy</i>	Age.....
Birthplace of Mother . .	<i>Italy</i>	Age.....

Dated at Marlborough, *Oct 15 - 1919*

Nov 8. C.H. 21 } Signature and residence of
person making return and
in attendance at birth. } *Ed Merrill m.d.*
Marlow Mass

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

10-18. 10,000.

1 PLACE OF BIRTH

County of Worcester

City or Town of Southboro

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

CANVASSER'S RETURN OF A BIRTH

(To be used for making returns of births, obtained by canvasser and *not* previously recorded)

No. Central Registered No. 22 St. Central Ward Central
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD not named { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>male</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Oct. 17, 1919</u> (Month) (Day) (Year)
----------------------------	--	-----------------------------	---	--

7 FULL NAME FATHER James Minnucci
Central
9 RESIDENCE No. Central St. Central
(At time the birth occurred)
Fayville
(City or town)

8 FULL MAIDEN NAME MOTHER Anne Jeanette Jovi
Central
10 RESIDENCE No. Central St. Central
(At time the birth occurred)
Fayville
(City or town)

11 COLOR white 12 AGE AT LAST BIRTHDAY 38 YEARS
(At time the birth occurred)

13 COLOR white 14 AGE AT LAST BIRTHDAY 34 YEARS
(At time the birth occurred)

15 BIRTHPLACE Vacri
(City or town) (State or country)

16 BIRTHPLACE Vacri
(City or town) (State or country)

17 OCCUPATION (At time the birth occurred) Laborer

18 OCCUPATION (At time the birth occurred) Home keeper

19 Attendant at birth Dr. Merrill
Physician or midwife Physician
Address No. Mechanics St. Mechanics
City or town Marlboro
Did above-named personally attend the birth? Yes
(Yes or No)

20 Informant Mrs. James Minnucci
Address No. Central St. Central
City or town of Fayville
Relationship to child, if any Mother

21 Name of canvasser William H. Cuthank
Date return was obtained Feb 9, 1920
(Month) (Day) (Year)

22 Filed _____
(Month) (Day) (Year)

REGISTRAR

Commonwealth of Massachusetts. 23

City or Town, Southbury.

Date of Birth, Nov. 15 1919.

Sex, Male.

Color (if other than white), White.

Name (if named), Charlie Bertronsi.

Place of Birth, No. Cherry Street

Name of Father, Marcus Bertronsi

Name of Mother, Albina

Maiden Name of Mother, Albina Berni

Age of Father, 33 Mother, 23.

Residence of Parents, No. Cherry Street

Ward _____

Occupation of Father, Laborer.

Occupation of Mother (if any), Housewife

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did _____ personally attend the birth.

(Signature), James Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

39 Nov. 19, C.H.U.

Commonwealth of Massachusetts.

City or Town, Southboro
Date of Birth, Nov. 15 1918.
Sex, male
Color (if other than white), _____
Name (if named), Robert Gerard Howes
Place of Birth, No. Framingham Street
Name of Father, Robert Howard Howes
Name of Mother, Mrs. " " "
Maiden Name of Mother, Mary Burke
Age of Father, 33 Mother, 27
Residence of Parents, No. Upland Rd. Street
Ward —
Occupation of Father, Postmaster
Occupation of Mother (if any), —
Birthplace of Father, Southboro
Birthplace of Mother, Southboro.
I did..... personally attend the birth.

(Signature),

Ed Baldwin

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Nov. 26, 1918 C. H. M.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. See reverse side for law governing the return, transmission, and recording of births of non-resident parents.

9-118. 20,000.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

RETURN OF A BIRTH OF NON-RESIDENT PARENTS

Registered No. _____ (Place of birth) Registered No. 24 (Residence of parents)
No. Framingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Robert Gerard Howes. (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>male</u>	4 Twin, triplet, or other? <u>-</u> (To be answered only in event of plural births)	4a Number in order of birth <u>-</u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Nov. 15, 1919.</u> (Month) (Day) (Year)
----------------------------	--	--------------------------------------	---	---

7 FULL NAME FATHER <u>Robert Howard Howes.</u>	8 FULL MAIDEN NAME MOTHER <u>Mary Burkes.</u>
--	---

9 RESIDENCE No. <u>Upland Rd.</u> ST. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	10 RESIDENCE No. <u>Upland Rd.</u> ST. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)
---	--

11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
-----------------------	---	-----------------------	---

15 BIRTHPLACE <u>Southboro, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Southboro, Mass.</u> (City or town) (State or country)
--	--

17 OCCUPATION (At time the birth occurred) <u>Postmaster.</u>	18 OCCUPATION (At time the birth occurred) <u>Housewife.</u>
---	--

19 Attendant at birth or Informant S. O. Baldwin. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth") (Name) (Physician, midwife, father, or other)

Address No. High St., Framingham, Mass.
(City or town)

Date not dated. (Month) (Day) (Year) Did above-named personally attend the birth? yes.

20 Received <u>November 25, 1919.</u> (Month) (Day) (Year) <u>Edgar A. Bowers.</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
--	--

Received Dec 8 1919
(Month) (Day) (Year)
Charles H. Newton
Registrar of city or town where parents resided

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-6-19, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of -----

Registered No. ----- (Place of birth) Registered No. ----- (Residence of parents)

City or Town of **Southboro**

No. ----- St. ----- Ward -----
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD **Josephine Ringewicz** { If child is not yet named, make supplemental report, as directed

3 Sex of Child female	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born alive	6 Date of birth Nov 24 1919 (Month) (Day) (Year)
------------------------------	--	-----------------------------	--	--

7 FULL NAME Felix Ringewicz	FATHER	8 FULL MAIDEN NAME Magdalena Wojtkiewicz	MOTHER
---------------------------------------	--------	--	--------

9 RESIDENCE No. ----- ST. ----- (At time the birth occurred) Southboro (City or town)	10 RESIDENCE No. ----- ST. ----- (At time the birth occurred) Southboro (City or town)
---	--

11 COLOR white	12 AGE AT LAST BIRTHDAY 25 YEARS (At time the birth occurred)	13 COLOR white	14 AGE AT LAST BIRTHDAY 23 YEARS (At time the birth occurred)
-----------------------	---	-----------------------	---

15 BIRTHPLACE Poland (City or town) (State or country)	16 BIRTHPLACE Poland (City or town) (State or country)
--	--

17 OCCUPATION Laborer	18 OCCUPATION Housewife
------------------------------	--------------------------------

19 Attendant at birth or informant **Dr Dahgel** -----
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. ----- St. -----
(City or town)

Dated ----- (Month) (Day) (Year) Did above-named personally attend the birth? **yes**

20 Received ----- 21 Given name added from a supplemental report

Received ----- Registrar of city or town where birth occurred

(Month) (Day) (Year)

Jan 1920
W. Henry Loring

Registrar of city or town where parents resided

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-6-'19, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of

City or Town of Marlborough

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Healy

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>Pl.</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Feb. 12-1920</u> (Month) (Day) (Year)
---------------------------	--	-----------------------------	---	---

FATHER

7 FULL NAME Thomas P. Healy
8 FULL MAIDEN NAME Annie T. Hannon
9 RESIDENCE No. Sears Rd St.
(At time the birth occurred)
Southboro
(City or town)

MOTHER

10 RESIDENCE No. Sears Rd St.
(At time the birth occurred)
Southboro
(City or town)

11 COLOR W 12 AGE AT LAST BIRTHDAY 33 YEARS
(At time the birth occurred)
Ireland
(City or town) (State or country)

13 COLOR W 14 AGE AT LAST BIRTHDAY 27 YEARS
(At time the birth occurred)
Ireland
(City or town) (State or country)

15 BIRTHPLACE (City or town) (State or country)

16 BIRTHPLACE (City or town) (State or country)

17 OCCUPATION Gardener

18 OCCUPATION home

19 Attendant at birth or informant Thomas F. McCarthy Physician
(If there was no physician or midwife attendant, draw line through 'attendant at birth') (Name) (Physician, midwife, father, or other)

Address No. 21 Götting Ave St. Marlboro
(City or town)

Dated Feb. 13 1920 Did above-named personally attend the birth? yes
(Month) (Day) (Year)

20 Received Feb. 24-1920
P.B. Murphy

21 Given name added from a supplemental report

Received
Registrar of city or town where birth occurred

(Month) (Day) (Year)

Registrar of city or town where parents resided

REGISTRAR

Commonwealth of Massachusetts.

City or Town, Southboro, Mass

Date of Birth, Feb 25 1920

Sex, Female

Color (if other than white), White

Name (if named), Pearl Louise Stockwell

Place of Birth, No. Southville Street

Name of Father, James G. Stockwell

Name of Mother, Minnie R. Le Gay

Maiden Name of Mother, " " "

Age of Father, 37 Mother, 34

Residence of Parents, No. Southville Street

Ward

Occupation of Father, Book keeper

Occupation of Mother (if any), Housewife

Birthplace of Father, Warwick Mass

Birthplace of Mother, Nova Scotia

I did..... personally attend the birth.

(Signature), P. S. Morse
Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Southboro

Date of Birth, May 2 1912

Sex, Female

Color (if other than white), White

Name (if named), Marian Virginia Carr

Place of Birth, No. Turnpike Rd Street

Name of Father, William C Carr

Name of Mother, Lettie A Helman

Maiden Name of Mother, Lettie A Helman

Age of Father, 38 Mother, 29

Residence of Parents, No. Turnpike Rd Street

Ward Rayville

Occupation of Father, Painter

Occupation of Mother (if any), Home

Birthplace of Father, Boston, Mass

Birthplace of Mother, Nova Scotia

I did..... personally attend the birth.

(Signature), R S Howe

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

Southboro Mass

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	<i>March 3. 1920</i>	
Full Name of Child . . .	<i>Delando.</i>	
Sex, Color, and if Twin	<i>m. - w</i>	
Place of Birth	<i>Chung St. Fayville</i>	Ward.....
	Street and Number	
Full Name of Father . . .	<i>Delando Joseph</i>	Age <i>27</i>
Maiden Name of Mother	<i>Rossi Mary</i>	Age <i>22</i>
Residence of Parents . .	<i>Chung St Fayville</i>	Ward.....
	Street and Number	
Occupation of Father . .	<i>Shoemaker</i>	
Occupation of Mother . .	<i>House</i>	
Birthplace of Father . . .	<i>Italy</i>	Age.....
Birthplace of Mother . .	<i>01</i>	Age.....

Dated at Marlborough, *Mar 4 -* 19*20*

Signature and residence of } *Ch. Maciel MD*
person making return and } *Marcellus Mass*
in attendance at birth. }

Commonwealth of Massachusetts.

City or Town, Southville
Date of Birth, Mar 8 19120
Sex, Female
Color (if other than white), _____
Name (if named), Caroline Frances Cheney
Place of Birth, No. Parkville Road Street
Name of Father, Arthur Royal Cheney
Name of Mother, Mona Cheney
Maiden Name of Mother, Mona Pittridge
Age of Father, 22 Mother, 22
Residence of Parents, No. _____ Street
Ward _____
Occupation of Father, Mechanic
Occupation of Mother (if any), Housewife
Birthplace of Father, Harvard, Mass.
Birthplace of Mother, Boston, Mass.
I did not personally attend the birth.

(Signature),

H. E. Lane

Physician

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Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Southboro Mass.

Date of Birth, March 12 1970

Sex, Female

Color (if other than white), White

Name (if named), Virginia Rosee

Place of Birth, No. Cherry Faywick Street

Name of Father, Peter Rosee

Name of Mother, Angeline Rosee

Maiden Name of Mother, Angeline Mitchell

Age of Father, 50 Mother, 43

Residence of Parents, No. Cherry Street

Ward Faywick Mass.

Occupation of Father, Laborer

Occupation of Mother (if any), Housewife

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did..... personally attend the birth.

(Signature),

J. Lowell Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Southborough Mass.

Date of Birth, March 15 1920

Sex, Female

Color (if other than white), White

Name (if named), Angeline Bursi

Place of Birth, No. Middle Rd. Street

Name of Father, Charlie Bursi

Name of Mother, Caroline

Maiden Name of Mother, Caroline Bertouzzi

Age of Father, 39 Mother, 37

Residence of Parents, No. Middle Rd. Street

Ward _____

Occupation of Father, Laborer

Occupation of Mother (if any), Housewife

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did..... personally attend the birth.

(Signature), George Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	March 17, 1920	
Full Name of Child . .	Wilman. —	
Sex, Color, and if Twin	M. W.	
Place of Birth	Dunfoot Rd.	Ward
	Street and Number	
Full Name of Father . .	Wilman Huber —	Age
Maiden Name of Mother	Byard Angie	Age
Residence of Parents . .	Dunfoot Rd.	Ward
	Street and Number	
Occupation of Father . .	Farmer	
Occupation of Mother . .	House.	
Birthplace of Father . .	U.S. Canada.	Age
Birthplace of Mother . .		Age

Dated at Marlborough, May 15, 1920.

Signature and residence of
person making return and
in attendance at birth.

Edw Muriel M.D.

Marlboro Mass.

Commonwealth of Massachusetts.

City or Town, Quedaville
Date of Birth, March 23 1917
Sex, Female
Color (if other than white), _____
Name (if named), Mary Morissini
Place of Birth, No. Cardaville Street
Name of Father, Antonio Morissini
Name of Mother, Bertha Morissini
Maiden Name of Mother, Bertha Giombetti
Age of Father, 23 Mother, 21
Residence of Parents, No. Cardaville Street
Ward _____
Occupation of Father, Weaver
Occupation of Mother (if any), House
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did _____ personally attend the birth.

(Signature),

M. J. Gane

Physician

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Fill out with ink. All names to be in full.

(See deposition #1)
Commonwealth of Massachusetts.

City or Town, Fairville
Date of Birth, March 31 1920
Sex, Male
Color (if other than white), _____
Name (if named), _____
Place of Birth, No. Pleasant Street
Name of Father, Domenick Fajza
Name of Mother, Adele Fajza
Maiden Name of Mother, Adele Parlarette
Age of Father, 37 y. Mother, 31 -
Residence of Parents, No. Pleasant Street
Ward _____
Occupation of Father, Labourer
Occupation of Mother (if any), Housewife
Birthplace of Father, Pezzer Italy
Birthplace of Mother, Pezzer - Italy
I did _____ personally attend the birth.

(Signature),

E. E. Harriman

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	April 30 1920	
Full Name of Child . . .	Elizabeth Alma Lamontagne	
Sex, Color, and if Twin	Female	White
Place of Birth	Fisher Road	Ward.....
	Street and Number	
Full Name of Father . . .	John Baptiste Lamontagne	Age 40
Maiden Name of Mother	Alma Girouard	Age 37
Residence of Parents . .	Fisher Road	Ward.....
	Street and Number	
Occupation of Father . .	Shoe maker	
Occupation of Mother . .	Housewife	
Birthplace of Father . . .	Whitefield N. H.	Age.....
Birthplace of Mother . .	Worcester Mass	Age.....

Dated at Marlborough, Southborough May 1 1920.

Signature and residence of
person making return and
in attendance at birth.

Geo R Davis MD
Marlboro Mass

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of FraminghamNo. Union Ave. Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Phyllis Robbins. { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>-</u> (To be answered only in event of plural births)	4a Number in order of birth <u>-</u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>May 15, 1920.</u> (Month) (Day) (Year)
------------------------------	--	--------------------------------------	---	--

FATHER		MOTHER	
7 FULL NAME <u>James Robbins.</u>	8 FULL MAIDEN NAME <u>Marion Hours.</u>	9 RESIDENCE No. <u>---</u> ST. <u>---</u> (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	10 RESIDENCE No. <u>---</u> ST. <u>---</u> (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>---</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>---</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Lynnfield, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Holyoke, Mass.</u> (City or town) (State or country)	17 OCCUPATION <u>Electrician.</u>	18 OCCUPATION <u>Housewife.</u>

19 Attendant at birth or informant J. Lowell Bacon Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. --- St. ---
Dated not dated. (Month) (Day) (Year) Did above-named personally attend the birth? yes.
(City or town)

20 Received May 19 1920.
Edgar A. Brown
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
(Month) (Day) (Year)

Received _____

Registrar of city or town where parents resided

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town, you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or
Town of FraminghamNo. Union Ave. Hospital St. 3 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Carolyn Olga Bjork. { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>-</u> (To be answered only in event of plural births)	4a Number in order of birth <u>-</u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>May 18, 1920.</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Fred Bjork.</u>	8 FULL MAIDEN NAME <u>Abbie Norris.</u>		
9 RESIDENCE No. <u>Center Rd.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)		10 RESIDENCE No. <u>Center Rd.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>24</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Vermont.</u> (City or town) (State or country)		16 BIRTHPLACE <u>Vermont.</u> (City or town) (State or country)	
17 OCCUPATION <u>Farmer.</u>		18 OCCUPATION <u>Housewife.</u>	

19 Attendant at birth or informant W. H. Gane. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. 16 Alden St. Ashland, Mass.
Dated not dated (Month) (Day) (Year) (City or town)

Did above-named personally attend the birth? yes.

20 Received <u>May 21, 1920.</u> <u>Edgar A. Brown</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report _____ (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Fill out with ink.

All names to be in full.

Date of Birth	June 5, 1920		
Full Name of Child . .			
Sex, Color, and if Twin	Male, white		
Place of Birth	Frammingham Rd. Southboro	Ward.....	
	Street and Number, if any		
Full Name of Father . .	Felice Sabella	Age	24
Maiden Name of Mother	Antoinette Dargelo	Age	17
Residence of Parents	Frammingham Rd. Southboro	Ward.....	
	Street and Number, if any		
Occupation of Father . .	Machinist		
Occupation of Mother . .	House wife		
Birthplace of Father . .	Italy	Age	
Birthplace of Mother . .	New York City	Age	

Dated at Marlborough June 7 1920

Signature of person making
return or in attendance
at birth. } E. W. Smith M.D.
Marlboro Mass

Commonwealth of Massachusetts.

City or Town, Southboro
Date of Birth, June 25 19120
Sex, Female
Color (if other than white), _____
Name (if named), Eva Bartonazzi
Place of Birth, No. School Street _____
Name of Father, Louis Bartonazzi
Name of Mother, Louise Bartonazzi
Maiden Name of Mother, Louise Castinetti
Age of Father, 33 Mother, 28
Residence of Parents, No. School Street _____
Ward _____
Occupation of Father, Farmer
Occupation of Mother (if any), _____
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did..... personally attend the birth.

(Signature)

William M. Bodwell M.D.

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

5m-9-'31. No. 3246-b

1	PLACE OF BIRTH	MIDDLESEX (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Newton (CITY OR TOWN MAKING THIS RETURN)
		NEWTON (CITY OR TOWN)		COPY OF DELAYED CERTIFICATE OF BIRTH		Registered No. 1129 Deposition No. 273
NO.		152 Webster		STREET 3		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME OF CHILD Philip Arthur Harding						
3 Sex	Male	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN		6 Date of Birth	June 29 1920 (MONTH) (DAY) (YEAR)
3a Color	W	If plural Births	(b) Number, in order of birth -	Alive		
7 FATHER FULL NAME			13 MOTHER MAIDEN NAME			
Charles P Harding			Revena E DeMone			
			PRESENT NAME			
			Revena E Harding			
8 RESIDENCE, No. Winter			14 RESIDENCE, No. Winter			
(AT TIME BIRTH OCCURRED)			(AT TIME BIRTH OCCURRED)			
CITY OR TOWN Southboro			CITY OR TOWN Southboro			
STATE Mass			STATE Mass			
9 COLOR OR RACE		10 AGE AT LAST BIRTHDAY	15 COLOR OR RACE		16 AGE AT LAST BIRTHDAY	
White		22 (YEARS)	White		20 (YEARS)	
11 PLACE OF BIRTH		17 PLACE OF BIRTH		18 OCCUPATION		
Boston Mass (CITY OR TOWN) (STATE OR COUNTRY)		Newton Mass (CITY OR TOWN) (STATE OR COUNTRY)		Housewife		
12 OCCUPATION		19 Attendant at birth or informant				
Carpenter		Fred M Lowe Physician (Name) (Physician, parent, or other)				
		(If there was no physician or attendant, draw line through "attendant at birth or")				
Address No.		1354 Washington St. (West) Newton Mass (City or town)				
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth		May 18 1937 (Month) (Day) (Year)				
21 RECEIVED		22 RECEIVED				
July 10 1936 (MONTH) (DAY) (YEAR)		May 24-1937 (MONTH) (DAY) (YEAR)				
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE				

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	July 7, 1920	
Full Name of Child . .	Bartolini	
Sex, Color, and if Twin	M W	
Place of Birth	Brick Works Hill Rd.	Ward
	Street and Number	
Full Name of Father . .	Bartolini Tony	Age 31
Maiden Name of Mother	Cashin Mary	Age 27
Residence of Parents .	Brick Works Hill Rd.	Ward
	Street and Number	
Occupation of Father . .	Mason	
Occupation of Mother . .	House	
Birthplace of Father . .	Italy	Age
Birthplace of Mother . .	..	Age

Dated at Marlborough, July 7, 1920

Signature and residence of person making return and in attendance at birth. }
Edmond W. }
Marlboro Mass }

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts
City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE ~~CITY OF MARLBOROUGH~~
~~Town of Southboro~~
FILL OUT WITH INK ALL NAMES TO BE IN FULL

Date of Birth	July 13. 1920.	
Full Name of Child	Wheeler	
Sex, Color, and if Twin	F. W.	
Place of Birth	Frammingham Hosp.	Ward.....
	Street and Number	
Full Name of Father	Wheeler Chester W	Age 26
Maiden Name of Mother	Stewart. Clara M	Age 22
Residence of Parents	6 Main St.	Ward.....
	Street and Number	
Occupation of Father	Fireman	
Occupation of Mother	None.	
Birthplace of Father	Southboro Mass	Age ..
Birthplace of Mother	Milton Mass.	Age ..

Dated at Marlborough, July 14- 1920.

Signature and residence of person making return and in attendance at birth. } Ed Merrill MD
Marlboro

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of MiddlesexRegistered No. _____ (Place of birth) Registered No. _____ (Residence of parents)
City or Town of Framingham No. Framingham Hospital 3 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Elizabeth Wheeler.

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>—</u> (To be answered only in event of plural births)	4a Number in order of birth <u>—</u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>July 13, 1920.</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Chester W. Wheeler.</u>	8 FULL MAIDEN NAME <u>Elsie M. Stewart.</u>		
9 RESIDENCE No. <u>— — — —</u> St. <u>Southboro, Mass.</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>— — — —</u> St. <u>Southboro, Mass.</u> (At time the birth occurred) (City or town)		
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>24</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Southboro, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Milton, Mass.</u> (City or town) (State or country)		
17 OCCUPATION <u>Railroad Man.</u>	18 OCCUPATION <u>Housewife.</u>		

19 Attendant at birth or informant C. H. Merrill. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. — — — — St. Marlboro, Mass.
(City or town)

Dated December 12, 1920. Did above-named personally attend the birth? yes.
(Month) (Day) (Year)

20 Received <u>December 13, 1920.</u> <u>Edgar A. Bowers</u> Registrar of city or town where birth occurred Received _____ Registrar of city or town where parents resided	21 Given name added from a supplemental report <u>December 15, 1920.</u> (Month) (Day) (Year) <u>Edgar A. Bowers</u> REGISTRAR
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WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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Commonwealth of Massachusetts.

City or Town, Southboro Mass
Date of Birth, June 19 1920.
Sex, male
Color (if other than white), white
Name (if named), Ateleo Antonio Falconi
Place of Birth, No. Fayville Mass Street
Name of Father, Engrino Falconi
Name of Mother, Angilia Ricci Falconi
Maiden Name of Mother, Angilia Ricci
Age of Father, 34 Mother, 34
Residence of Parents, No. Main St Street
Ward _____
Occupation of Father, Labour
Occupation of Mother (if any), House wife
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did _____ personally attend the birth.

(Signature),

J. Louie Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

Town of Southboro.

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	<i>July 14, 1920.</i>	
Full Name of Child	<i>Sullivan.</i>	
Sex, Color, and if Twin	<i>M. W.</i>	
Place of Birth	<i>Marlow Hospital.</i>	Ward.....
	Street and Number	
Full Name of Father	<i>Sullivan William F.</i>	Age <i>30</i>
Maiden Name of Mother	<i>Ellis. Agnes</i>	Age <i>23</i>
Residence of Parents	<i>White Bagley Rd.</i>	Ward.....
	Street and Number	
Occupation of Father	<i>Chauffeur</i>	
Occupation of Mother	<i>House</i>	
Birthplace of Father	<i>Southboro Mass.</i>	Age.....
Birthplace of Mother	<i>Scotland</i>	Age.....

Dated at Marlborough, *July 15* 19*20*.

Signature and residence of
 person making return and
 in attendance at birth.

Ed McNeil MD
Marlow Mass

Commonwealth of Massachusetts.

Date of Birth, July 28 1900.

Sex, Male

Color (if other than white),

Name (if named), Charles Earle Viles

Place of Birth, No. Framingham Hospital

Name of Father, Charles Gibson Viles

Name of Mother, Lillian Marie Viles

Maiden Name of Mother, Lillian Marie Johnson

Residence of Parents, No. Framingham Rd

Occupation of Father, Farmer

Birthplace of Father, Nova Scotia

Birthplace of Mother, Colorado

(Signature),

C. E. Harriman

Physician,

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3-6-'19, 20,000.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Charles Earl Wiles. { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>male</u>	4 Twin, triplet, or other ? <u>—</u> (To be answered only in event of plural births)	4a Number in order of birth _____	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>July 28, 1920.</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Charles G. Wiles.</u>	8 FULL MAIDEN NAME <u>Liliare M. Johnston.</u>		
9 RESIDENCE No. <u>Framingham Rd.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)		10 RESIDENCE No. <u>Framingham Rd.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>36</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>24</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Nova Scotia.</u> (City or town) (State or country)		16 BIRTHPLACE <u>Colorado.</u> (City or town) (State or country)	
17 OCCUPATION <u>Farmer.</u>		18 OCCUPATION <u>Housewife.</u>	

19 Attendant at birth or informant Cora E. Harriman. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. High St. Framingham.
Dated not dated. (Month) (Day) (Year) (City or town)

Did above-named personally attend the birth? yes.

20 Received <u>Oct. 6, 1920.</u> <u>Edgar A. Powers</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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3-5-19, 20,000.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Marlborough

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ Registered No. _____
(Place of birth) (Residence of parents)

No. Marlborough Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Andre Rabinni { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>M</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>July 29, 1920</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------	--	--

FATHER		MOTHER	
7 FULL NAME <u>Joseph Rabinni</u>		8 FULL MAIDEN NAME <u>Josephine Espucci</u>	
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southborough, Mass.</u> (City or town)		10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southborough, Mass.</u> (City or town)	
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>39</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>36</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Italy</u> (City or town) (State or country)		16 BIRTHPLACE <u>Italy</u> (City or town) (State or country)	
17 OCCUPATION <u>Laborer</u>		18 OCCUPATION <u>Housewife</u>	

19 Attendant at birth or informant J. F. McCarthy Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. 21 Cotting ave St. Marlborough
Date July 30, 1920 (Month) (Day) (Year) (City or town)

Did above-named personally attend the birth? Yes

20 Received <u>August 5, 1920</u> <u>J. W. Murphy</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Southboro.

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	Aug 12 - 1920.	
Full Name of Child . .	Smith.	
Sex, Color, and if Twin	M. W	
Place of Birth	Fayville	Ward.....
	Street and Number	
Full Name of Father .	Smith Sydney W	Age 34
Maiden Name of Mother	Seddon, Isabel	Age 33
Residence of Parents .	Break Neck Hill Rd.	Ward.....
	Street and Number	
Occupation of Father .	Machinist	
Occupation of Mother .	House	
Birthplace of Father .	England.	Age.....
Birthplace of Mother .	Mass.	Age.....

Dated at Marlborough, Aug 12 - 1920

Signature and residence of person making return and in attendance at birth. } Dr. Moniel MD
Marlboro
Mass

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. (Place of birth) Registered No. (Residence of parents)

City or Town of Framingham

No. Framingham Hospital St. 3 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Mary Noberini. Maria Delphi (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>-</u> (To be answered only in event of plural births)	4a Number in order of birth <u>-</u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 12, 1920.</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Louis Noberini.</u>	8 FULL MAIDEN NAME <u>Mena C. Triole.</u>	9 RESIDENCE No. <u>Winter</u> ST. <u>Southboro, Mass.</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>Winter</u> ST. <u>Southboro, Mass.</u> (At time the birth occurred) (City or town)
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>25</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Italy.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Italy.</u> (City or town) (State or country)	17 OCCUPATION <u>Laborer.</u>	18 OCCUPATION <u>Housewife.</u>

19 Attendant at birth or informant Cora E. Harriman. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. High St. Framingham, Mass.
(City or town)

Date Oct. 6, 1920. Did above-named personally attend the birth? yes.
(Month) (Day) (Year)

20 Received <u>Oct. 6, 1920.</u> <u>Edgar A. Bourne</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of this city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 8.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Commonwealth of Massachusetts.

Date of Birth, August 12 1900

Sex, Female

Color (if other than white), _____

Name (if named), Mary Noborini

Place of Birth, No. Framingham Hospital Street

Name of Father, Louis Noborini

Name of Mother, Maria Celia Noborini

Maiden Name of Mother, Maria Celia Liolo

Residence of Parents, No. Fairville Street

Occupation of Father, Teamster

Birthplace of Father, Italy

Birthplace of Mother, Italy

(Signature),

Cora E. Harriman

Physician,

Commonwealth of Massachusetts.

City or Town, Southville

Date of Birth, Aug 31 19120

Sex, male

Color (if other than white),

Name (if named), Kenneth Allen Emerson

Place of Birth, No. Mrs. E. G. Allen Street

Name of Father, Fredrick Emerson

Name of Mother, Ethel Mae Colgan

Maiden Name of Mother, Ethel Mae Colgan

Age of Father, 40

Mother, 20

Residence of Parents, No. St. John N.B. Street

Ward

Occupation of Father, Elec Engineer

Occupation of Mother (if any), Clerk

Birthplace of Father, St. John N.B.

Birthplace of Mother, St. John N.B.

I did..... personally attend the birth.

(Signature), W. H. Lane

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-6-19, 20,000.

1 PLACE OF BIRTH

County of Middlesex
 City or Town of Marlborough

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)
Marlborough Hospital St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born. <u>alive</u>	6 Date of birth <u>Aug. 31, 1920</u> (Month) (Day) (Year)
7 FATHER FULL NAME <u>Israel M. Bercume</u>			8 MOTHER FULL MAIDEN NAME <u>Dora M. Blais</u>	
9 RESIDENCE No. <u>Main</u> ST. _____ (At time the birth occurred) <u>Southborough</u> (City or town)			10 RESIDENCE No. <u>Main</u> ST. _____ (At time the birth occurred) <u>Southborough</u> (City or town)	
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)		13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>24</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Spencer, Mass.</u> (City or town) (State or country)			16 BIRTHPLACE <u>Marlborough, Mass.</u> (City or town) (State or country)	
17 OCCUPATION <u>Laborer</u>			18 OCCUPATION <u>housewife</u>	
19 Attendant at birth or informant <u>T. F. McCarthy</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") Address No. <u>21 Copping ave</u> St. <u>Marlborough</u> Dated <u>August 31, 1920</u> (Month) (Day) (Year)			_____ Physician (Physician, midwife, father, or other) Did above-named personally attend the birth? <u>Yes</u> (City or town)	
20 Received <u>September 3, 1920</u> <u>J. B. Murphy</u> Registrar of city or town where birth occurred Received _____ Registrar of city or town where parents resided			21 Given name added from a supplemental report (Month) (Day) (Year)	
			REGISTRAR	

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of Framingham

No. Framingham Hospital St. 3 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Grace Edith Stanton. { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>-</u> (To be answered only in event of plural births)	4a Number in order of birth <u> </u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Sept. 14, 1920.</u> (Month) (Day) (Year)
------------------------------	--	---	---	--

FATHER		MOTHER	
7 FULL NAME <u>Frank Stanton.</u>	8 FULL MAIDEN NAME <u>Edith M. Hobbs.</u>		
9 RESIDENCE No. <u>Main</u> St. <u> </u> (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	10 RESIDENCE No. <u>Main</u> St. <u> </u> (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)		
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>37</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>36</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Lowell, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Charlestown, Mass.</u> (City or town) (State or country)		
17 OCCUPATION <u>Gardner.</u>	18 OCCUPATION <u>Housewife.</u>		

19 Attendant at birth or informant M. F. Burke. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. 12 W Central St., Natick, Mass.
Dated Sept. 22, 1920. (Month) (Day) (Year) Did above-named personally attend the birth? yes.

20 Received <u>Sept. 24, 1920.</u> <u>Edgar A. Bowers</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
--	--

Received _____

Registrar of city or town where parents resided

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chapter 93, Section 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of Framingham

No. Union Ave. Hospital St. 3 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Charlotte Lane. { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>2</u> (To be answered only in event of plural births)	4a Number in order of birth <u>-</u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Sept. 15, 1920.</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Charles H. Lane.</u>	8 FULL MAIDEN NAME <u>Mattie Rowe.</u>	9 RESIDENCE No. <u>Mt. Wicory Rd.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	10 RESIDENCE No. <u>Mt. Wicory Rd.</u> St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Gloucester, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Rockport, Mass.</u> (City or town) (State or country)	17 OCCUPATION <u>Farmer.</u>	18 OCCUPATION <u>Housekeeper.</u>

19 Attendant at birth or informant W. H. Gane. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)
Ashland, Mass.
(City or town)

Address No. _____ St. _____
Dated not dated. (Month) (Day) (Year) Did above-named personally attend the birth? yes.

20 Received Sept. 20, 1920.
Edgar A. Cowan
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
(Month) (Day) (Year)

Received _____
Registrar of city or town where parents resided _____ REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chapter 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVE FOR BIRTH

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Southborough
(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. 32 (Residence of parents)

City or Town of Framingham

No. Framingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Avis Merle Watkins { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>Female</u>	4 Twin, triplet, or other? _____ (To be answered only in event of plural births)	4a Number in order of birth _____	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Sept. 17, 1920</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>Charles E. Watkins</u>	8 FULL MAIDEN NAME MOTHER <u>Esther Hourse</u>
--	--

9 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southborough, Mass</u> (City or town)	10 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southborough, Mass</u> (City or town)
--	---

11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>39</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>34</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Newport, Vermont</u> (City or town) (State or country)	16 BIRTHPLACE <u>Westboro, Mass</u> (City or town) (State or country)
--	--

17 OCCUPATION <u>Telegraph operator</u>	18 OCCUPATION <u>Housewife</u>
---	--------------------------------

19 Attendant at birth or informant J. Sowell Bacon Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southborough, Mass
(City or town)

Date _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>Sept 20, 1920</u> <u>Edgar A Bowen</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report _____ (Month) (Day) (Year)
--	---

Received Nov 29, 1920
C. L. Taulbanks
Registrar of city or town where parents resided

REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or
Town of FraminghamNo. Framingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Avis Merle Watkins. { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive.</u>	6 Date of birth <u>Sep. 17, 1920.</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Charles E. Watkins.</u>	8 FULL MAIDEN NAME <u>Ester Mourse.</u>		
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)		
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>39</u> YEARS (At time the birth occurred)	13 COLOR <u>white</u>	14 AGE AT LAST BIRTHDAY <u>34</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Newport, Vt.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Westboro, Mass.</u> (City or town) (State or country)		
17 OCCUPATION <u>Telegraph Operator.</u>	18 OCCUPATION <u>Housewife.</u>		

19 Attendant at birth or informant J. Lowell Bacon. Physician.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southboro, Mass.
(City or town)
Dated not dated. Did above-named personally attend the birth? yes.
(Month) (Day) (Year)

20 Received Sep. 20, 1920.
Edgar A. Bowers
Registrar of city or town where birth occurred
Received Nov 29, 1920

21 Given name added from a supplemental report
Oct. 19, 1920.
(Month) (Day) (Year)
Edgar A. Bowers

Registrar of city or town where parents resided

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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3-6-19. 20,000.

Commonwealth of Massachusetts.

City or Town, Fairville

Date of Birth, September 23 1920

Sex, Male

Color (if other than white), _____

Name (if named) Robert Leonard Stevenson

Place of Birth, No. Wester St. South Street

Name of Father, Leonard John Stevenson

Name of Mother, Mary Josephine Stevenson

Maiden Name of Mother, Mary Josephine Pearson

Age of Father, _____ Mother, _____

Residence of Parents, No. Wester Street

Ward Fairville

Occupation of Father, Station Agent

Occupation of Mother (if any), Housewife

Birthplace of Father, Frammingham

Birthplace of Mother, Fall River

I did _____ personally attend the birth.

(Signature),

Chas E. Harrison

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Southboro, Mass.

Date of Birth, Sept. 27th 1912

Sex, Female

Color (if other than white), _____

Name (if named), Vera Belle Abbott

Place of Birth, Off Pleasant Street

Name of Father, Jacob H. Abbott

Name of Mother, Ferrie B. Abbott

Maiden Name of Mother, " " Ainsworth

Age of Father, 40 Mother, 30

Residence of Parents, Off Pleasant Street

Ward Wareham Farm

Occupation of Father, Laborer

Occupation of Mother (if any), _____

Birthplace of Father, Orange N. H.

Birthplace of Mother, Wentfield Vt.

I did _____ personally attend the birth.

(Signature),

Albert S. Owen M.D.
Frammingham, Mass. Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

Southboro Mass.

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	<i>Oct. 4. 1920</i>	
Full Name of Child . .	<i>Barri</i>	
Sex, Color, and if Twin	<i>M - W</i>	
Place of Birth	<i>Middle Rd</i>	Ward.....
	Street and Number	
Full Name of Father . .	<i>Barri Baptista</i>	Age <i>40</i>
Maiden Name of Mother	<i>Dallavalle Mary</i>	Age <i>29</i>
Residence of Parents . .	<i>Middle Rd.</i>	Ward.....
	Street and Number	
Occupation of Father . .	<i>Laborer</i>	
Occupation of Mother . .	<i>Home</i>	
Birthplace of Father . .	<i>Italy</i>	Age.....
Birthplace of Mother . .		Age.....

Dated at Marlborough, *Oct 5* 19*20*

Signature and residence of person making return and in attendance at birth. } *Cyde H. Merrill MD*
Marlboro Mass

MARGIN RESERVED FOR BINING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-190, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Watertown

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of WatertownRegistered No. --
(Place of birth)Registered No. 499
(Residence of parents)No. 8, Melendy Ave., St. -- Ward --
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Astor Khederian

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>Alive</u>	6 Date of birth <u>Oct. 30, 1920</u> (Month) (Day) (Year)
----------------------------	--	-----------------------------	--	--

FATHER

7 FULL NAME Garabed Khederian

MOTHER

8 FULL MAIDEN NAME Nouritza Asilbegian9 RESIDENCE No. -- Woodland Rd. St. --
(At time the birth occurred)Southboro
(City or town)10 RESIDENCE No. -- Woodland Rd. St. --
(At time the birth occurred)Southboro
(City or town)11 COLOR White12 AGE AT LAST BIRTHDAY 39 YEARS
(At time the birth occurred)13 COLOR White14 AGE AT LAST BIRTHDAY 33 YEARS
(At time the birth occurred)15 BIRTHPLACE Nirza, Cesarea, Turkey
(City or town) (State or country)16 BIRTHPLACE Nirza, Cesarea, Turkey
(City or town) (State or country)17 OCCUPATION Farmer18 OCCUPATION Housewife19 Attendant at birth or informant Hovhannes Zovickian
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)Physician
(Physician, midwife, father, or other)Address No. 183 Huntington Ave. St. --Boston
(City or town)Dated Nov. 1, 1920
(Month) (Day) (Year)Did above-named personally attend the birth? No20 Received Nov. 2, 1920Received Feb. 26, 1921

Registrar of city or town where birth occurred

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

RETURN OF A BIRTH

City or Town of MARLBOROUGH

Registered No. MARLBOROUGH HOSPITAL St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD DUNN { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other? <u>(To be answered only in event of plural births)</u>	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Dec. 29, 1920</u> (Month) (Day) (Year)
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FATHER 7 FULL NAME <u>Vincent Dunn</u>		MOTHER 8 FULL NAME BEFORE MARRIAGE <u>Gladys S. Morse</u>	
9 RESIDENCE No. <u>Southborough</u> St. <u>(City or town)</u>		10 RESIDENCE No. <u>Southborough</u> St. <u>(City or town)</u>	
11 COLOR OR RACE <u>W</u>	12 AGE AT LAST BIRTHDAY <u>21</u> (Years)	13 COLOR OR RACE <u>W</u>	14 AGE AT LAST BIRTHDAY <u>19</u> (Years)
15 BIRTHPLACE <u>Marlborough</u> (City or town) (State or country)		16 BIRTHPLACE <u>Marlborough</u> (City or town) (State or country)	
17 OCCUPATION <u>Steward</u>		18 OCCUPATION <u>-----</u>	

19 Attendant at birth C W Smith (Name) Physician
(Physician, midwife, father, mother, etc.)
Address No. 38 West Main St. Marlborough
(City or town)

Dated January 2, 1921 (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received at office of city or town clerk <u>Jan. 3, 1921</u> (Month) (Day) (Year)	21 Given name added from a supplemental report (Month) (Day) (Year)
---	--

A true copy Attest: J. B. Murphy REGISTRAR

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
NO RETURN WITH ERASURES OR ALTERATIONS WILL BE ACCEPTED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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3-21. 30,000.

1 PLACE OF BIRTH

County of MIDDLESEXCity or Town of MARLBOROUGH

2 FULL NAME OF CHILD

Rosemary Salmon

3 Sex of Child

F

4 Twin, triplet, or other ?

(To be answered only in event of plural births)

4a Number in order of birth

5 Born alive or Not6 Date of birth Jan. 3, 1921

(Month) (Day) (Year)

7 FULL NAME

FATHER
Francis Salmon

8 FULL MAIDEN NAME

MOTHER
Rosa Austel9 RESIDENCE No. Main St.
(At time the birth occurred)Southborough
(City or town)10 RESIDENCE No. Main St.
(At time the birth occurred)Southborough
(City or town)

11 COLOR

W12 AGE AT LAST BIRTHDAY 29 YEARS
(At time the birth occurred)

13 COLOR

W14 AGE AT LAST BIRTHDAY 27 YEARS
(At time the birth occurred)

15 BIRTHPLACE (City or town) (State or country)

16 BIRTHPLACE (City or town) (State or country)

17 OCCUPATION auto test man18 OCCUPATION housewife19 Attendant at birth or informant Clyde H. Merrillphysician

(If there was no physician or midwife attendant, draw line through "attendant at birth or")

(Name)

(Physician, midwife, father, or other)

Address No. 103 MechanicSt. MarlboroughDated Jan. 3, 1921

(Month) (Day) (Year)

Did above-named personally attend the birth? yes20 Received Jan. 7, 1921

(Month) (Day) (Year)

P. B. Murphy
Registrar of city or town where birth occurred

21 Received (Month) (Day) (Year)

Registrar of city or town where parents reside

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. (Place of birth)

Registered No. (Residence of parents)

No. MARLBOROUGH HOSPITAL St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

11-19, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town.)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Framingham

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Framingham Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD MARY FRANCES BREWER

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>F</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Jan. 18, 1921</u> (Month) (Day) (Year)
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FATHER 7 FULL NAME <u>Walter B. Brewer</u>		MOTHER 8 FULL MAIDEN NAME <u>Sadie Fletcher</u>	
9 RESIDENCE No. (At time the birth occurred) <u>Southboro</u> (City or town)		10 RESIDENCE No. (At time the birth occurred) <u>Southboro</u> (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>24</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Southboro Mass.</u> (City or town) (State or country)		16 BIRTHPLACE <u>Milford Mass.</u> (City or town) (State or country)	
17 OCCUPATION <u>Farmer</u>		18 OCCUPATION <u>Housewife</u>	

19 Attendant at birth or informant J. Lowell Bacon Southboro Dr.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. (City or town) Southboro

Dated Jan. 24, 1921 Did above-named personally attend the birth? yes
(Month) (Day) (Year)

20 Received Jan. 24, 1921
W. M. ...
Registrar of city or town where birth occurred
Received May 16, 1921
Registrar of city or town where parents resided

21 Given name added from a supplemental report
(Month) (Day) (Year)
REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
N.B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. See reverse side for law governing the return, transmission, and recording of births of non-resident parents.

9-18, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

County of Barnstable

RETURN OF A BIRTH OF NON-RESIDENT PARENTS

City or Town of Dennis

Registered No. 5 (Place of birth) Registered No. (Residence of parents)
No. (If birth occurred in a hospital or institution give its NAME instead of street and number) St. Ward

2 FULL NAME OF CHILD Norman Leon Ouf

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Jan 19 1921</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>Charles Ouf</u>	8 FULL MAIDEN NAME MOTHER <u>Ida May Rogers</u>
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9 RESIDENCE No. <u>Turnpike Rd.</u> St. <u>Southboro Mass</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>Turnpike Rd.</u> St. <u>Southboro Mass</u> (At time the birth occurred) (City or town)
--	---

11 COLOR <u>White</u>	12 AGE AT LAST BIRTHDAY <u>25</u> YEARS (At time the birth occurred)	13 COLOR <u>White</u>	14 AGE AT LAST BIRTHDAY <u>32</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Southboro Mass</u> (City or town) (State or country)	16 BIRTHPLACE <u>Orleans Mass</u> (City or town) (State or country)
--	--

17 OCCUPATION <u>Freeman</u> (At time the birth occurred)	18 OCCUPATION <u>at home</u> (At time the birth occurred)
--	--

19 Attendant at birth or Informant (If there was no physician or midwife attendant, draw line through "attendant at birth") <u>Henry B. Hall M.D.</u> (Name) (Physician, midwife, father, or other)
--

Address No. <u>Main</u> St. <u>Yarmouth Port Mass</u> (City or town)

Dated <u>Jan 20 1921</u> (Month) (Day) (Year)	Did above-named personally attend the birth? <u>yes</u>
--	---

20 Received <u>Jan 21 1921</u> (Month) (Day) (Year) <u>Beig F. Sears</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
--	--

Received <u>Feb 2 1922</u> (Month) (Day) (Year) <u>B. L. Hancock</u> Registrar of city or town where parents resided	REGISTRAR
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WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

11-19, 20,000.

1 PLACE OF BIRTH

County of Middlesex
City or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)
No. Framingham Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD WILLIAM PAUL MABIE JR. (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>M</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Jan. 20, 1921</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>William Paul Mabie</u>	8 FULL MAIDEN NAME <u>Dorothy Hadley</u>	9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>28</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Allston, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Boston, Roxbury</u> (City or town) (State or country)	17 OCCUPATION <u>Salesman</u>	18 OCCUPATION <u>home</u>

19 Attendant at birth or informant R. S. Morse Dr.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Ashland (City or town)
Dated Feb. 7, 1921 (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>Feb. 7, 1921</u> <u>William P. Walsh</u> Registrar of city or town where birth occurred Received <u>July 16, 1921</u> Registrar of city or town where parents resided	21 Given name added from a supplemental report (Month) (Day) (Year)
--	--

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

86

7-20, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

New Bedford
(City or town)

County of Bristol

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of New Bedford

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. St. Luke's Hospital St. 5 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Nina Knowles (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>F</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>Alive</u>	6 Date of birth <u>Jan. 31, 1921</u> (Month) (Day) (Year)
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7 FULL NAME <u>Richard Knowles</u>		8 FULL MAIDEN NAME <u>May F. Ashley</u>	
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)		10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Mass.</u> (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>32</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Boston, Mass.</u> (City or town) (State or country)		16 BIRTHPLACE <u>New Bedford, Mass.</u> (City or town) (State or country)	
17 OCCUPATION <u>Teacher</u>		18 OCCUPATION <u>Housewife</u>	

19 Attendant at birth or informant <u>C. A. Pratt</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	<u>Physician</u> (Physician, midwife, father, or other)
---	--

Address No. <u>60 Orchard</u>	St. <u>New Bedford</u> (City or town)
-------------------------------	--

Dated <u>Feb. 2, 1921.</u> (Month) (Day) (Year)	Did above-named personally attend the birth? <u>Yes</u>
--	---

20 Received <u>Feb. 5, 1921.</u> <u>[Signature]</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report <u>Feb. 11, 1921.</u> <u>[Signature]</u> (Month) (Day) (Year)
Received <u>August 5, 1921</u> Registrar of city or town where parents resided	REGISTRAR

(See Deposition #1)
Commonwealth of Massachusetts.

City or Town, Fayville, Mass

Date of Birth, Feb 4 1921

Sex, Female

Color (if other than white), White

Name (if named), Margaret Eleanor

Place of Birth, No. Fayville, Mass Street

Name of Father, Chas S. Nichols

Name of Mother, Florence L. Jones Nichols

Maiden Name of Mother, Florence L. Jones

Age of Father, 34 Mother, 31

Residence of Parents, No. Fayville Street

Ward _____

Occupation of Father, P.P. Fayville Conductor

Occupation of Mother (if any), Home

Birthplace of Father, Salem, Mass

Birthplace of Mother, Fayville, Mass

I did _____ personally attend the birth.

(Signature), RS Moore

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Fayville
Date of Birth, Feb. 5 1921
Sex, Female
Color (if other than white), _____
Name (if named), Genetia Bartucci
Place of Birth, No. Cherry Street
Name of Father, Menamuel Bartucci
Name of Mother, Albera Bartucci
Maiden Name of Mother, Albera Perini
Age of Father, 32 yrs. Mother, 24 yrs.
Residence of Parents, No. Cherry Street
Ward Southtown
Occupation of Father, Farmer
Occupation of Mother (if any), Homemaker
Birthplace of Father, Pescaia Italy
Birthplace of Mother, Pescaia Italy
I did..... personally attend the birth.

(Signature)

E. Harman
Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of Framingham

No. Framingham Hospital St. 3 Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Mayone Elizabeth Brown { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Feb. 9, 1921</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME Albert F. Brown

MOTHER

8 FULL MAIDEN NAME Gladys O'Teary

9 RESIDENCE No. _____ St. _____
(At time the birth occurred)

Southboro

(City or town)

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)

Southboro

(City or town)

11 COLOR

W

12 AGE AT LAST

BIRTHDAY 25 YEARS
(At time the birth occurred)

13 COLOR

W

14 AGE AT LAST

BIRTHDAY 21 YEARS
(At time the birth occurred)

15 BIRTHPLACE Natick
(City or town) (State or country)

16 BIRTHPLACE Fayville
(City or town) (State or country)

17 OCCUPATION Machinist

18 OCCUPATION home

19 Attendant at birth or informant P. S. Morse
(If there was no physician or midwife attendant, draw line through 'attendant at birth or') (Name)

M. D.
(Physician, midwife, father, or other)

Address No. _____ St. Ashland

(City or town)

Dated 2/14/21
(Month) (Day) (Year)

Did above-named personally attend the birth? yes

20 Received William S. Walsh

Registrar of city or town where birth occurred

Received July 16, 1921

Registrar of city or town where parents resided

21 Given name added from a supplemental report
report returned 'unknown'

(Month) (Day) (Year)

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	Feb. 21, 1921
Full Name of Child . .	Elizabeth Louise
Sex, Color, and if Twin	Female white
Place of Birth	Latisquama Rd. Southboro Ward.....
	Street and Number
Full Name of Father . .	William L. Derrmon Age 30
Maiden Name of Mother	Vesta L. Bacon Age 30
Residence of Parents . .	Latisquama Rd. Southboro Ward.....
	Street and Number
Occupation of Father . .	Shoe-maker
Occupation of Mother . .	Housewife
Birthplace of Father . .	Watertown Mass. Age.....
Birthplace of Mother . .	Frammingham " Age.....

Dated at Marlborough, Feb. 24, 1921

Signature and residence of
person making return and
in attendance at birth.

W. Smith M.D.
Marlboro Mass

Commonwealth of Massachusetts.

City or Town, Southboro Mass.
Date of Birth, March 1 1921.
Sex, Male
Color (if other than white), White
Name (if named), Norman Carrier Gray
Place of Birth, No. Jayville Mass. Street
Name of Father, Cluster C. Gray
Name of Mother, Mary S. Gray
Maiden Name of Mother, Mary S. Flanders
Age of Father, 27. Mother, 27.
Residence of Parents, No. Jayville Mass Street
Ward _____
Occupation of Father, ~~State~~ Advertising Bureau
Occupation of Mother (if any), House wife
Birthplace of Father, Cambridge Mass.
Birthplace of Mother, Newport N.H.
I did..... personally attend the birth.

(Signature),

Joseph Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR ENLARGING

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child in which the birth occurred.

3-21. 30,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Brockton.
(City or town)

County of Plymouth.

COPY OF RETURN OF A BIRTH
(See instructions in margin)

City or Town of Brockton.

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Goddard Hospital. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Ralph C. Allen.

If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>M.</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>--</u>	6 Date of birth <u>Mar. 19, 1921.</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>Ralph C. Allen,</u>		8 FULL MAIDEN NAME MOTHER <u>Rita Willis,</u>	
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Massachusetts.</u> (City or town)		10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro, Massachusetts.</u> (City or town)	
11 COLOR <u>W.</u>	12 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)	13 COLOR <u>W.</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Boston, Massachusetts.</u> (City or town) (State or country)		16 BIRTHPLACE <u>Brockton, Massachusetts.</u> (City or town) (State or country)	
17 OCCUPATION <u>School teacher,</u>		18 OCCUPATION <u>Housewife,</u>	

19 Attendant at birth or informant H. A. Chase, M.D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. 129 W. Elm St. Brockton.
(City or town)

Dated March 22, 1921. Did above-named personally attend the birth? Yes.
(Month) (Day) (Year)

20 Received <u>March 25, 1921.</u> (Month) (Day) (Year) <u>J. J. Sullivan</u> Registrar of city or town where birth occurred	21 Received <u>April 28 1921</u> (Month) (Day) (Year) <u>C. S. Fairbanks</u> Registrar of city or town where parents reside
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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-21. 30,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Watertown

(City or town)

County of Worcester

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. 173 _____ (Residence of parents)

City or Town of Southboro

No. -- Main St. -- Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD John Richard Beck (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other? <u>--</u> (To be answered only in event of plural births)	4a Number in order of birth <u>--</u>	5 Born alive or still-born <u>Alive</u>	6 Date of birth <u>Apr. 4, 1921</u> (Month) (Day) (Year)
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FATHER 7 FULL NAME <u>John Beck</u> 9 RESIDENCE No. <u>--</u> <u>Main</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town) 11 COLOR <u>White</u> 12 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred) 15 BIRTHPLACE <u>London, England</u> (City or town) (State or country) 17 OCCUPATION <u>Gardener</u>	MOTHER 8 FULL MAIDEN NAME <u>Lila Pascoe</u> 10 RESIDENCE No. <u>--</u> <u>Main</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town) 13 COLOR <u>White</u> 14 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred) 16 BIRTHPLACE <u>Cornwall, England</u> (City or town) (State or country) 18 OCCUPATION <u>Housewife</u>
---	--

19 Attendant at birth or informant Lowell Bacon Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. -- -- -- St. Southboro
(City or town)

Dated -- -- -- Did above-named personally attend the birth? Yes
(Month) (Day) (Year)

20 Received <u>March 15, 1922</u> (Month) (Day) (Year) <u>Chas. L. Fairbanks</u> Registrar of city or town where birth occurred	Thru Canvass 21 Received <u>Jan. 31, 1922.</u> (Month) (Day) (Year) <u>Wm. P. McGuire</u> Registrar of city or town where parents reside
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1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS(see
deposition
#7 correction)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of FramminghamNo. Frammingham Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

BORELLI { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth (Month) <u>1</u> (Day) <u>17</u> (Year) <u>1921</u>
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7 FULL NAME <u>Lu Borelli</u>		8 FULL MAIDEN NAME <u>Rose Fay</u>	
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)		10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>49</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>40</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Italy</u> (City or town) (State or country)		16 BIRTHPLACE <u>Italy</u> (City or town) (State or country)	
17 OCCUPATION <u>Laborer</u>		18 OCCUPATION <u>housewife</u>	

19 Attendant at birth or informant J. L. Bacon M.D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southboro
(City or town)
Dated 4/17/21 (Month) (Day) (Year)
Did above-named personally attend the birth? yes

20 Received 4/17/21
William B. Walsh
Registrar of city or town where birth occurred

Received July 16, 1921
Registrar of city or town where parents resided

21 Given name added from a supplemental report
report returned 'unknown'
(Month) (Day) (Year)
William B. Walsh

REGISTRAR

4/22

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH TO THE CLERK OF THE CITY OF MARLBOROUGH

Town of Southboro.

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	<i>April 18. 1921</i>	
Full Name of Child	<i>Davis (John Henry?)</i>	
Sex, Color, and if Twin	<i>M. White</i>	
Place of Birth	<i>Main St.</i>	Ward.....
	Street and Number	
Full Name of Father	<i>Davis, William North</i>	Age <i>40</i>
Maiden Name of Mother	<i>Sanday Eva.</i>	Age <i>34</i>
Residence of Parents	<i>Main St.</i>	Ward.....
	Street and Number	
Occupation of Father	<i>U.S.M.C.</i>	
Occupation of Mother	<i>Home</i>	
Birthplace of Father	<i>Maine</i>	Age.....
Birthplace of Mother	<i>Marlboro Mass.</i>	Age.....

Dated at Marlborough, *Apr 18.* 1921

Signature and residence of person making return and in attendance at birth. } *C. H. Merrill M.D.*
Marlboro Mass.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of FraminghamNo. Framingham Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD ELEANOR JEANNE ONTHANK (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>f</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Apr. 27, 1921</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------	--	---

FATHER		MOTHER	
7 FULL NAME <u>William H. Onthank</u>	8 FULL MAIDEN NAME <u>Margaret E. Thompson</u>	9 RESIDENCE No. <u>Boston Rd.</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. <u>Boston Rd.</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)
11 COLOR <u>white</u>	12 AGE AT LAST BIRTHDAY <u>31</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Southboro</u> (City or town) (State or country)	16 BIRTHPLACE <u>Fall River</u> (City or town) (State or country)	17 OCCUPATION <u>Farmer</u>	18 OCCUPATION <u>home</u>

19 Attendant at birth or informant C. H. Merrill M. B.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Marlboro
Dated 4/27/21 (Month) (Day) (Year) Did above-named personally attend the birth? yes
(City or town)

20 Received <u>4/29/21</u> <u>William H. Onthank</u> Registrar of city or town where birth occurred Received <u>May 16, 1921</u> Registrar of city or town where parents resided	21 Given name added from a supplemental report (Month) (Day) (Year)
--	--

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of Bramingham

No. Union Ave. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD ELIZABETH STARBUCK ROSE { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>f</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>May 20, 1921</u> (Month) (Day) (Year)
----------------------------	--	-----------------------------	--	--

FATHER		MOTHER	
7 FULL NAME <u>Franklin Orth Rose</u>	8 FULL MAIDEN NAME <u>Henrietta Hunt</u>		
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)		
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Dallas Texas</u> (City or town) (State or country)	16 BIRTHPLACE <u>Athens Ohio</u> (City or town) (State or country)		
17 OCCUPATION <u>Civil Engineer</u>	18 OCCUPATION <u>---</u>		

19 Attendant at birth or informant G. S. Thompson M. D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southboro
(City or town)

Dated 5/23/21 (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>William Walsh</u> Registrar of city or town where birth occurred Received <u>July 14, 1921</u> Registrar of city or town where parents resided	21 Given name added from a supplemental report (Month) (Day) (Year)
--	--

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

MARGIN RESERVED FOR BIRTHING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-21. 30,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of MARLBOROUGH

N. HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Evelyn June McCarthy If child is not yet named, make supplemental report, as directed

3 Sex of Child F 4 Twin, triplet, or other? _____ 4a Number in order of birth _____ 5 Born alive X ~~Stillborn~~ 6 Date of birth July 6, 1921
(Month) (Day) (Year)

7 FULL NAME FATHER Michael McCarthy 8 FULL MAIDEN NAME MOTHER Angelina Dufault

9 RESIDENCE No. W.B. Road St. _____
(At time the birth occurred) Southboro
(City or town) 10 RESIDENCE No. White Bagley road St. _____
(At time the birth occurred) Southboro
(City or town)

11 COLOR W 12 AGE AT LAST BIRTHDAY 29 YEARS
(At time the birth occurred) 13 COLOR W 14 AGE AT LAST BIRTHDAY 26 YEARS
(At time the birth occurred)

15 BIRTHPLACE Southborough (City or town) (State or country) 16 BIRTHPLACE Marlborough (City or town) (State or country)

17 OCCUPATION Carpenter 18 OCCUPATION housewife

19 Attendant at birth or informant C H Merrill physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)
103 Mechanic Marlboroug

Address No. _____ St. _____ (City or town) yes

Dated July 7, 1921 (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received July 19, 1921 (Month) (Day) (Year) 21 Received _____ (Month) (Day) (Year)

Dec 31 P.B. Murphy
Registrar of city or town where birth occurred

Registrar of city or town where parents reside

PHYSICIAN'S CERTIFICATE.

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

South bro

Fill out with ink.

All names to be in full.

Date of Birth	<i>July 13, 1921</i>		
Full Name of Child . .	<i>Harriet Maria</i>		
Sex, Color, and if Twin	<i>Female . white</i>		
Place of Birth	<i>South bro . Valley Rd.</i>		
	Street and Number, if any		
Full Name of Father . .	<i>Robert A Hall</i>	Age	<i>30</i>
Maiden Name of Mother	<i>Theodora Gordon</i>	Age	<i>35</i>
Residence of Parents .	<i>Valley Rd South bro</i>		
	Street and Number, if any		
Occupation of Father .	<i>Accountant in law office</i>		
Occupation of Mother .	<i>Housewife</i>		
Birthplace of Father . .	<i>Boston, Mass</i>	Age.	
Birthplace of Mother .	<i>Boston</i>	"	Age.

Dated at Marlborough *July 22* 192 *1*

Signature of person making return or in attendance at birth. } *C. T. Warner*

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin) Framingham, Mass.

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or
Town of FraminghamNo. Framingham Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Evelyn Mae Hebden

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>F</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born	6 Date of birth <u>July 26 1921</u> (Month) (Day) (Year)
-------------------------	--	-----------------------------	----------------------------	---

FATHER		MOTHER	
7 FULL NAME <u>Robert Leslie Hebden</u>	8 FULL MAIDEN NAME <u>Lois Philena Wheeler</u>		
9 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southville) Southboro</u> (City or town)	10 RESIDENCE No. _____ ST. _____ (At time the birth occurred) (Southville) <u>Southboro</u> (City or town)		
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>22</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>19</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Abington Conn.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Canada</u> (City or town) (State or country)		
17 OCCUPATION <u>Farmer</u>	18 OCCUPATION <u>--</u>		

19 Attendant at birth or informant Henry Irving Twiss MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Framingham
(City or town)Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>8/15/21</u> <u>William S. Walsh</u> Registrar of city or town where birth occurred Received <u>Nov 29 1920</u> Registrar of city or town where parents resided	21 Given name added from a supplemental report _____ (Month) (Day) (Year)
---	---

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Commonwealth of Massachusetts.

City or Town, Fayville
Date of Birth, Aug 10 1921
Sex, _____ Born Alive, Still Birth
Color (if other than white), _____
Name (if named), Still Birth
Place of Birth, No. Cherry Street
Name of Father, Joe Baldelli
Name of Mother, Victoria Baldelli
Maiden Name of Mother, Victoria Travalummi
Age of Father, 45 Mother, 40
Residence of Parents, No. Cherry Street
Ward Fayville
Occupation of Father, Farmer
Occupation of Mother (if any), Home
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did _____ personally attend the birth.

(Signature),

RS Moore

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

PHYSICIAN'S CERTIFICATE

Recd Sept 10th

The Commonwealth of Massachusetts
City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

Southboro Mass

FILL OUT WITH INK ALL NAMES TO BE IN FULL

Date of Birth	Aug. 24-1921.	
Full Name of Child	Minucci	
Sex, Color, and if Twin	M W.	
Place of Birth	St. Fayville	Ward
	Street and Number	
Full Name of Father	Minucci Dominic	Age 29
Maiden Name of Mother	D'Angelo Mary	Age 24
Residence of Parents	St. Fayville	Ward
	Street and Number	
Occupation of Father	Labour.	
Occupation of Mother	None	
Birthplace of Father	Italy	Age
Birthplace of Mother	Italy	Age

Dated at Marlborough, Aug 26 1921

Signature and residence of person making return and in attendance at birth. }
Chas. J. Minucci
Marlboro
Mass

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of SuffolkRegistered No. _____ Registered No. 12559
(Place of birth) (Residence of parents)City or
Town of BostonNo. Phillips House St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Benjamin Edmund Child(If child is not yet named, make
supplemental report, as directed)3 Sex of
Child M4 Twin, triplet
or other? _____

(To be answered only in event of plural births)

4a Number in
order of birth5 Born alive or still-
born6 Date of
birth Aug 26 1921

(Month) (Day) (Year)

FATHER

7 FULL
NAME Fredrick E. Bradley Jr

MOTHER

8 FULL
MAIDEN
NAME Josephine R. Gregory9 RESIDENCE No. _____ St. _____
(At time the birth occurred)10 RESIDENCE No. _____ St. _____
(At time the birth occurred)

(City or town)

(City or town)

11 COLOR W12 AGE AT LAST
BIRTHDAY 28 YEARS
(At time the birth occurred)13 COLOR W14 AGE AT LAST
BIRTHDAY 25 YEARS
(At time the birth occurred)15 BIRTHPLACE Boston Mass

(City or town)

(State or country)

16 BIRTHPLACE New York City

(City or town)

(State or country)

17 OCCUPATION Banker18 OCCUPATION Housewife

19 Attendant at birth or informant _____

(If there was no physician or midwife attendant,
draw line through "attendant at birth or")

(Name)

(Physician, midwife, father, or other)

Address No. _____

St. _____

(City or town)

Date Aug 26

(Month)

(Day)

1921
(Year)

Did above-named personally attend the birth? _____

20 Received Aug 29

(Month)

(Day)

1921
(Year)21 Received February

(Month)

8 -

(Day)

27
(Year)E. W. M. Glenew
Registrar of city or town where birth occurred62 Fairbanks
Registrar of city or town where parents reside

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

RETURN OF A BIRTH

1 PLACE OF BIRTH
County of Worcester

City or Town of Southville

Registered No. 1124444 South St Westboro Ward
No. 1124444 St.,
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Ann Beatrice Cummings } If child is not yet named, make supplemental report, as directed

3 Sex of Child F 4 Twin, triplet or other? (Answer only in event of plural births) 5 Born alive or stillborn 6 Date of birth Sept 16-1921
(Month) (Day) (Year)

7 FULL NAME J. F. Cummings FATHER 8 PRESENT NAME AND MAIDEN NAME Ann H. Cummings MOTHER Ann H. Marshall

9 RESIDENCE No. Southville Mass St. Parkerhill Rd (City or town) 10 RESIDENCE No. Parkerhill Rd St. Southville Mass (City or town)

11 COLOR OR RACE White AGE 29 YEARS 12 COLOR OR RACE White AGE 26 YEARS

13 BIRTHPLACE East Boston Mass (City or town) (State or country) 14 BIRTHPLACE Lowell (City or town) (State or country)

15 OCCUPATION Accountant 16 OCCUPATION Housewife

17 Signature of Attendant at birth Chas. S. Knight M.D. (Name) (Physician, parent or other, etc)

Address No. 54 Main St St., Westboro (City or town)

Dated (Month) (Day) (Year) Did above-named personally attend the birth? yes

18 Received at office of city or town clerk March 17 1927
(Month) (Day) (Year)

19 A true copy. Attest: REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
NO RETURN WITH ERASURES OR ALTERATIONS WILL BE ACCEPTED

Recd Sept 30 '21

The Commonwealth of Massachusetts

City of Marlborough (See Dep #6)

(Correction)
8-7-21

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Southboro Mass

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	Sept 24 - 1921.	
Full Name of Child	Tibaldi Rena	
Sex, Color, and if Twin	F. W	
Place of Birth	Back of Whites Corner.	Ward
	Street and Number	
Full Name of Father	Tibaldi Terencio	Age 26
Maiden Name of Mother	Farquandini, Augusta	Age 24
Residence of Parents	Back of Whites Cor at	Ward
	Street and Number	Bartolini's.
Occupation of Father	Laborer.	
Occupation of Mother	House	
Birthplace of Father	Italy	Age
Birthplace of Mother	Italy	Age

Dated at Marlborough, Sept 26 - 1921

Signature and residence of person making return and in attendance at birth.

Edmund W
Marlboro Mass

(correction) See Deposition
Commonwealth of Massachusetts. ~~#51~~ ^{#3}

City or Town, Southboro

Date of Birth, Sept 30 1921

Sex, Male Born Alive, Yes

Color (if other than white), For white

Name (if named), Andrea Charles Ginger

Place of Birth, No. Fayville, Mass Street

Name of Father, Ercole Ginger

Name of Mother, Elizabeth Dellacostanzo

Maiden Name of Mother, _____

Age of Father, 41 Mother, 40

Residence of Parents, No. Fayville Street

Ward Mass

Occupation of Father, Laborer

Occupation of Mother (if any), Home

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did..... personally attend the birth.

(Signature),

D. S. Moore

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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3-21. 30,000.

1 PLACE OF BIRTH

MIDDLESEX

County of

MARLBOROUGH

City or
Town of

MARLBOROUGH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No.

(Place of birth)

Registered No.

(Residence of parents)

No.

HOSPITAL

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2 FULL NAME OF CHILD

Austin Michael Maguire

If child is not yet named, make supplemental report, as directed

3 Sex of
Child

M

4 Twin, triplet,
or other ?

(To be answered only in event of plural births)

4a Number in
order of birth5 Born alive or still-
born

XX

6 Date of
birth

Sept. 30, 1921

(Month) (Day) (Year)

7 FULL
NAMEFATHER
John Maguire8 FULL
MAIDEN
NAMEMOTHER
Mary Sheehan

9 RESIDENCE No.

(At time the birth occurred)

St.

Southborough

(City or town)

10 RESIDENCE No.

(At time the birth occurred)

St.

Southborough

(City or town)

11 COLOR

W

12 AGE AT LAST

BIRTHDAY 44 YEARS
(At time the birth occurred)

13 COLOR

W

14 AGE AT LAST

BIRTHDAY 33 YEARS
(At time the birth occurred)

15 BIRTHPLACE

Marlborough
(City or town)

(State or country)

16 BIRTHPLACE

Marlborough
(City or town)

(State or country)

17 OCCUPATION

teamster

18 OCCUPATION

housewife

19 Attendant at birth or informant

Thomas F. McCarthy

Physician

(If there was no physician or midwife attendant,
draw line through "attendant at birth or")

(Name)

(Physician, midwife, father, or other)

Address No.

21 Cotting ave

St.

Marlborough

(City or town)

Dated

October 2 1921

(Month)

(Day)

(Year)

Did above-named personally attend the birth? yes

20 Received

Oct. 3, 1921

(Month)

(Day)

(Year)

21 Received

(Month)

(Day)

(Year)

Registrar of city or town where birth occurred

Registrar of city or town where par

P.B. Murphy

104

Recd. 10/15
Commonwealth of Massachusetts.

City or Town, *Southboro*

Date of Birth, *Oct 5* 19*21*

Sex, *Female* Born Alive, *Yes*

Color (if other than white), *White*

Name (if named), *Elide Cecolun*

Place of Birth, No. *Fayville* Street

Name of Father, *Charles Cecolun*

Name of Mother, _____

Maiden Name of Mother, *Augusta Padinotte*

Age of Father, *27* Mother, *27*

Residence of Parents, No. *Clement* Street

Ward *Fayville*

Occupation of Father, *Laborer*

Occupation of Mother (if any), *Home*

Birthplace of Father, *Italy*

Birthplace of Mother, *Italy*

I did _____ personally attend the birth.

(Signature), *RS Morse*

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTown
(City or town)County of Worcester

RETURN OF A BIRTH

City or Town of SouthboroNo. Main Registered No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Charles Francis Choate-Touche If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other? _____ (To be answered only in event of plural births)	4a Number in order of birth _____	5 Born alive or still-born <u>Alive</u>	6 Date of birth <u>Nov. 1 - 1921</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------------	---	--

FATHER		MOTHER	
7 FULL NAME <u>Charles Francis Choate-Touche</u>	8 FULL NAME BEFORE MARRIAGE <u>Nathalie Holmes Bishop</u>		
9 RESIDENCE No. <u>Main</u> St. <u>Southboro</u> (City or town)	10 RESIDENCE No. <u>Main</u> St. <u>Southboro</u> (City or town)		
11 COLOR OR RACE <u>Caucasian</u>	12 AGE AT LAST BIRTHDAY <u>28</u> (Years)	13 COLOR OR RACE <u>Caucasian</u>	14 AGE AT LAST BIRTHDAY <u>23</u> (Years)
15 BIRTHPLACE <u>Southboro Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Irvington on Hudson N.Y.</u> (City or town) (State or country)		
17 OCCUPATION <u>Lawyer</u>	18 OCCUPATION <u>At Home</u>		

19 Attendant at birth Geo. A. Bancroft (Name) Physician (Physician, midwife, father, mother, etc.)
Address No. 33 West Central St. Natick (City or town)
Dated Nov. 9 1921 (Month) (Day) (Year) Did above-named personally attend the birth? Yes

20 Received at office of city or town clerk November 12 1921
(Month) (Day) (Year)

21 A true copy. Attest: _____ REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
NO RETURN WITH ERASURES OR ALTERATIONS WILL BE ACCEPTED

PHYSICIAN'S CERTIFICATE

Nov 21-21

The Commonwealth of Massachusetts

~~City of Marlborough~~

RETURN OF A BIRTH

TO THE CLERK OF ~~THE CITY OF MARLBOROUGH~~

Southboro Mass

FILL OUT WITH INK.

ALL NAMES TO BE IN FULL.

Date of Birth	<i>Nov. 19. 1921</i>	
Full Name of Child	<i>Young</i>	
Sex, Color, and if Twin	<i>M - W.</i>	
Place of Birth	<i>Satusquanna Road.</i>	Ward
	Street and Number	
Full Name of Father	<i>Young Harry W.</i>	Age <i>50</i>
Maiden Name of Mother	<i>Hill Agnes</i>	Age <i>30</i>
Residence of Parents	<i>Satusquanna Rd.</i>	Ward
	Street and Number	
Occupation of Father	<i>Driver</i>	
Occupation of Mother	<i>Home</i>	
Birthplace of Father	<i>Matineus Island - Maine</i>	Age
Birthplace of Mother	<i>Elliston Newfoundland</i>	Age

Dated at Marlborough *Nov. 20 -* 19*21.*

Signature and residence of person making return and in attendance at birth. } *Edw H. Merrill Md.*
Marlboro Mass

Commonwealth of Massachusetts.

City or Town, Southboro Mass.
Date of Birth, Nov 21, 1921
Sex, Female
Color (if other than white), white
Name (if named), Francis Emma Whelan
Place of Birth, No. Orchard Rd. Street
Name of Father, Parker Whelan
Name of Mother, Angie
Maiden Name of Mother, Angie Byard
Age of Father, 38 Mother, 35
Residence of Parents, No. Orchard Rd. Street
Ward _____
Occupation of Father, Farmer
Occupation of Mother (if any), Housewife
Birthplace of Father, N. S.
Birthplace of Mother, Ut.
I did _____ personally attend the birth.

(Signature),

Frederic Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Nov. 14-21

112

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BIRTHING

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of MARLBOROUGH

Registered No. (Place of birth)

Registered No. (Residence of parents)

XXX HOSPITAL

St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD William James Sullivan

If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>M</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or born- <u>xx</u>	6 Date of birth <u>Nov. 23, 1921</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------	------------------------------------	---

FATHER
7 FULL NAME
William F. Sullivan

MOTHER
8 FULL MAIDEN NAME
Agnes Telfer

9 RESIDENCE No. White Bagley road
(At time the birth occurred)
Southboro
(City or town)

10 RESIDENCE No. White Bagley road
(At time the birth occurred)
Southboro
(City or town)

11 COLOR W
12 AGE AT LAST BIRTHDAY 31 YEARS
(At time the birth occurred)

13 COLOR W
14 AGE AT LAST BIRTHDAY 25 YEARS
(At time the birth occurred)

15 BIRTHPLACE Southboro
(City or town) (State or country)

16 BIRTHPLACE Scotland
(City or town) (State or country)

17 OCCUPATION chauffeur

18 OCCUPATION housewife

19 Attendant at birth or informant C H Merrill
(If there was no physician or midwife attendant, draw line through "attendant at birth or")
(Name)

physician
(Physician, midwife, father, or other)

Address No. 103 Mechanic

St. Marlborough

Dated Dec. 1, 1921
(Month) (Day) (Year)

Did above-named personally attend the birth? yes
(City or town)

20 Received Dec. 10, 1921
(Month) (Day) (Year)

21 Received
(Month) (Day) (Year)

Dec 31

P.B. Murphy

Registrar of city or town where birth occurred

Registrar of city or town where parents reside

17/20-7

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough (See Deposition)
#42

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

Know of Southboro

FILL OUT WITH INK.

ALL NAMES TO BE IN FULL.

Date of Birth	<i>Dec. 7-1921</i>	
Full Name of Child	<i>Minucci</i>	
Sex, Color, and if Twin	<i>F. W.</i>	
Place of Birth	<i>Brace St. Fayville</i>	Ward
	Street and Number	
Full Name of Father	<i>Minucci James</i>	Age <i>40</i>
Maiden Name of Mother	<i>Brace Antonietta</i>	Age <i>25</i>
Residence of Parents	<i>Brace St. Fayville</i>	Ward
	Street and Number	
Occupation of Father	<i>Labors</i>	
Occupation of Mother	<i>None</i>	
Birthplace of Father	<i>Italy</i>	Age
Birthplace of Mother	<i>Italy</i>	Age

Dated at Marlborough *Dec. 10 1921*

Signature and residence of }
person making return and }
in attendance at birth. } *Hydr. H. Minicelli*
Marlboro Mass.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

See Deposition #5
(correction)
Framingham
(City or town) Mass

County of Middlesex.

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Framingham.

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Fantoni.

{ If child is not yet named, make supplemental report, as directed

2 FULL NAME OF CHILD _____

3 Sex of
Child M.4 Twin, triplet,
or other ?

(To be answered only in event of plural births)

4a Number in
order of birth5 Born alive or still-
born alive.6 Date of Dec. 23 1921.
birth _____
(Month) (Day) (Year)7 FULL
NAME FATHER
Charles Fantoni.8 FULL
MAIDEN
NAME MOTHER
Mary Mitchell.9 RESIDENCE No. _____ St. _____
(At time the birth occurred)Fayville Mass.

(City or town)

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)Fayville Mass.

(City or town)

11 COLOR W.12 AGE AT LAST 35.
BIRTHDAY _____ YEARS
(At time the birth occurred)13 COLOR W.14 AGE AT LAST 30.
BIRTHDAY _____ YEARS
(At time the birth occurred)15 BIRTHPLACE Italy.
(City or town) (State or country)16 BIRTHPLACE U.S.A.
(City or town) (State or country)17 OCCUPATION Machinist.18 OCCUPATION Housewife.19 Attendant at birth or informant Albert S. Owen.M.D.(If there was no physician or midwife attendant,
draw line through "attendant at birth or")

(Name)

(Physician, midwife, father, or other)

Address No. _____

St. Framingham Mass.(City or town) yes.Dated _____
(Month) (Day) (Year)

Did above-named personally attend the birth? _____

20 Received Jan 3 1921.

Registrar of city or town where birth occurred

Received _____

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-290, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Framingham

Registered No. _____ (Place of birth)
Registered No. _____ (Residence of parents)
No. Framingham Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Howes

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Dec. 24 1921</u> (Month) (Day) (Year)
----------------------------	---	-----------------------------	--	--

FATHER

7 FULL NAME
Robert

MOTHER

8 FULL MAIDEN NAME
Mary Burke

9 RESIDENCE No. _____ St. _____
(At time the birth occurred)
Southboro
(City or town)

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)
Southboro
(City or town)

11 COLOR
W

12 AGE AT LAST BIRTHDAY 53 YEARS
(At time the birth occurred)

13 COLOR
White

14 AGE AT LAST BIRTHDAY 27 YEARS
(At time the birth occurred)

15 BIRTHPLACE
Southboro
(City or town) (State or country)

16 BIRTHPLACE
Southboro
(City or town) (State or country)

17 OCCUPATION
Postmaster

18 OCCUPATION
-

19 Attendant at birth or informant
(If there was no physician or midwife attendant, draw line through "attendant at birth or")

E. F. Regan
(Name)

MD
(Physician, midwife, father, or other)

Address No. _____

St. Framingham

Dated _____
(Month) (Day) (Year)

Did above-named personally attend the birth? yes
(City or town)

20 Received 1/11/22

Registrar of city or town where birth occurred

Received _____

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

1 PLACE OF BIRTH

County of

CANVASSER'S RETURN OF A BIRTH

(See instructions in margin)

City or
Town of FraminghamRegistered No. Framingham Hospital Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Richard John Horne

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other? <u>No</u> (To be answered only in event of plural births)	4a Number in order of birth <u>1</u>	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Dec. 24 1921</u> (Month) (Day) (Year)
----------------------------	---	--------------------------------------	---	---

FATHER

7 FULL NAME Robert Howard Horne9 RESIDENCE No. Upland Rd. St.
(At time the birth occurred)Southboro
(City or town)11 COLOR White12 AGE AT LAST BIRTHDAY 35 YEARS
(At time the birth occurred)15 BIRTHPLACE Southboro
(City or town) (State or country)17 OCCUPATION Postmaster
(At time the birth occurred)19 Attendant at birth Dr. E. Regan
Physician or midwifeAddress No. Union Ave. St.
City or town Framingham Mass.Did above-named personally attend the birth? Yes
(Yes or No)

MOTHER

8 FULL MAIDEN NAME Mary Agnes Burke10 RESIDENCE No. Upland Rd. St.
(At time the birth occurred)Southboro
(City or town)13 COLOR White14 AGE AT LAST BIRTHDAY 39 YEARS
(At time the birth occurred)16 BIRTHPLACE Southboro
(City or town) (State or country)18 OCCUPATION Housewife
(At time the birth occurred)20 Informant
Address No. St.

City or town of

Relationship to child, if any

21 Name of canvasser

22 Filed (Month) (Day) (Year)

Date return was obtained (Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-2 is to be used for births which occurred in your city or town and which were obtained by the canvasser and which had not been returned previously. Birth returns obtained from baptismal or church records and not previously reported by a physician, midwife, parent, or hospital should also be returned on Form R-2.

If your canvasser obtains from parents new living in your city or town a birth return on Form R-6 to the clerk of the city or town in which the birth occurred, you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR INDEXING

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the birth occurred should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-21. 30,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Marlborough
(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Marlborough

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Marlborough Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Claire Salmon } If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>female</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Jan. 6, 1922</u> (Month) (Day) (Year)
------------------------------	--	-----------------------------	---	---

FATHER		MOTHER	
7 FULL NAME <u>Francis Salmon</u>	8 FULL MAIDEN NAME <u>Rosa Austel</u>	9 RESIDENCE No. <u>Main</u> ST. <u>Southborough, Mass.</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>Main</u> ST. <u>Southborough, Mass.</u> (At time the birth occurred) (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Southborough, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Switzerland</u> (City or town) (State or country)	17 OCCUPATION <u>Automobile Tester</u>	18 OCCUPATION <u>Housewife</u>

19 Attendant at birth or informant C. H. Merrill Physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. 103 Mechanic St. Marlborough
(City or town)

Dated Jan. 7, 1922 (Month) (Day) (Year) Did above-named personally attend the birth? Yes

20 Received <u>Jan. 20, 1922</u> (Month) (Day) (Year)	21 Received _____ (Month) (Day) (Year)
--	---

Registrar of city or town where birth occurred

Registrar of city or town where parents reside

118

Commonwealth of Massachusetts.

City or Town, Southboro Mass.
Date of Birth, Jan. 7 1912
Sex, Male
Color (if other than white), White
Name (if named), _____
Place of Birth, No. Madison Rd Street—
Name of Father, Bertoni Berri
Name of Mother, Marie Olivante Berri
Maiden Name of Mother, Mari Olivante
Age of Father, 40 Mother, 30
Residence of Parents, No. Madison Rd Street
Ward _____
Occupation of Father, Labour
Occupation of Mother (if any), Housewife
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did..... personally attend the birth.

(Signature),

Homel Berri

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Southboro Mass.
Date of Birth, Jan 12 1922
Sex, Male
Color (if other than white), White
Name (if named), Still Born (7 months)
Place of Birth, No. Fayville Street
Name of Father, Eugene Prosper
Name of Mother, Elizabeth
Maiden Name of Mother, Elizabeth Draper
Age of Father, 21 Mother, 23
Residence of Parents, No. Fayville Street
Ward _____
Occupation of Father, Labourer
Occupation of Mother (if any), Housewife
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did..... personally attend the birth.

(Signature)

Lowell Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Cordaville, Mass.

Date of Birth, January 16, 1922

Sex, Female Born Alive, Yes

Color (if other than white), _____

Name (if named), Imperia Morrissini

Place of Birth, No. Cordaville Street

Name of Father, Antonio Morrissini

Name of Mother, ~~Bertha~~ Bertha Morrissini

Maiden Name of Mother, Bertha Giombetti

Age of Father, 25 Mother, 23

Residence of Parents, No. Cordaville Street

Ward Southboro

Occupation of Father, Weaver

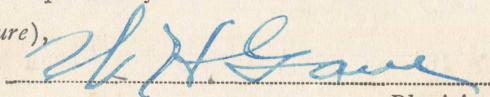
Occupation of Mother (if any), Housewife

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did _____ personally attend the birth.

(Signature),



Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

121 Jan 20 1922

(See deposition #2)
Commonwealth of Massachusetts.

City or Town, Southboro Mass.
Date of Birth, April 2 1921.
Sex, Male
Color (if other than white), White
Name (if named), Ewa Prosperi
Place of Birth, No. Jayville Cherry Street
Name of Father, Luciano Prosperi
Name of Mother, Elizabeth Prosperi
Maiden Name of Mother, Elizabeth Maggi
Age of Father, 26 Mother, 22.
Residence of Parents, No. Cherry Street
Ward _____
Occupation of Father, Laborer.
Occupation of Mother (if any), Housewife
Birthplace of Father, Italy.
Birthplace of Mother, Italy.
I did..... personally attend the birth.

(Signature),

Samuel Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Southboro Mass.

Date of Birth, April 4 1921

Sex, Male

Color (if other than white), white

Name (if named), John Richard Beck

Place of Birth, No. Main Street

Name of Father, John. Beck

Name of Mother, Eliza

Maiden Name of Mother, Eliza Paine

Age of Father, 32 Mother, 32

Residence of Parents, No. Main Street

Ward _____

Occupation of Father, Gardner

Occupation of Mother (if any), Housewife

Birthplace of Father, London. Eng.

Birthplace of Mother, Connell. Eng.

I did _____ personally attend the birth.

(Signature)

Lowell Bacon

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

C H I L D M O T H E R F A T H E R C E R T I F I C A T E R	PLACE OF BIRTH	1A. COUNTY Worcester	 The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH				2A. RETURN MADE BY: Southborough	
		1B. CITY/TOWN Cordaville					2B. REGISTERED NUMBER 121	
D	1C. FACILITY NAME - IF NOT IN FACILITY, NUMBER AND STREET Cordaville Street	2C. DEPOSITION NUMBER A17-1						
D	NAME:		3A. FIRST Imperia	3B. MIDDLE Morazzini	3C. LAST			
	4A. SEX Female	5A. PLURALITY (Specify Single, Twin, etc.) ---	5B. BIRTH ORDER (If not single, (Specify Order, First, Second, etc.) ---	6A. TIME ---	M	6B. DATE OF BIRTH (Month, Day, Year) January 16, 1922		
M O T H E R	NAME:		7A. FIRST Bertha	7B. MIDDLE ---	7C. LAST Morazzini	7D. MAIDEN/BIRTH SURNAME Giombetti		
	BIRTHPLACE:		8A. CITY/TOWN ---	8B. STATE/COUNTRY Italy	9. OCCUPATION Housewife	10. AGE/DATE OF BIRTH 23 Years		
F A T H E R	RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address) Cordaville Street		11B. CITY/TOWN Southborough	11C. COUNTY Worcester	11D. STATE MA	11E. ZIP CODE 01772	12. COLOR/RACE ---	
	NAME:		13A. FIRST Antonio	13B. MIDDLE ---	13C. LAST Morazzini	14. COLOR/RACE ---		
C E R T I F I C A T E R	BIRTHPLACE:		15A. CITY/TOWN ---	15B. STATE/COUNTRY Italy	16. OCCUPATION Weaver	17. AGE/DATE OF BIRTH 25 Years		
	18A. TYPE ☒ AT-BIRTH ☐ POST-NATAL ☐ CERTIFIER ONLY		18B. TITLE ☒ MD/DO ☐ CNM ☐ OTH RN ☐ MIDWIFE ☐ OTHER					
R E C O R D E R	19. NAME: ---		19A. LICENSE NUMBER ---					
	20A. NO. & STREET ---		20B. CITY/TOWN ---		20C. STATE ---		20D. ZIP CODE ---	
R E C O R D E R	21. DATE OF ORIGINAL RECORDING: January 20, 1922		22. ORIGINAL RECORD: Vol. --- Page --- No. ---			23. DPH USE ONLY		
	24.		25.					
 _____ (CLERK OR REGISTRAR) June 29, 2017 _____ (DATE OF AMENDMENT)								

AFFIDAVIT
ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (M.G.L. c.46)

**PRINT LEGIBLY
OR TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.**

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of Imperia Morrissini born in the city or town of _____
(Give name of child exactly as recorded on the original record.)

Cordaville, MA does not fully and/or correctly state data regarding the
Last Name of ☒ Child, ☒ Mother, ☒ Father,
(i.e. name, age, race, etc.)

☐ Certifier, ☐ Other (specify: _____)

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<u>M. Suffia</u>	<u>65 Pearl St. #1 Holyoke, MA 01040</u>	<u>granddaughter</u>

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:

Certified copy of Baptismal Certificate on file.

THEN, personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: June 29, 2017 Name: Michelle Jackson
(Month, Day, Year)

Official Designation: Assistant Town Clerk
(city/town clerk/assistant clerk; state/city registrar; or notary)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred. (See Acts of 1910, Chap. 98, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-21. 30,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Natick

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or Town of Natick

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Leonard Morse Hosp St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Gardner Clyde Norcross Jr } If child is not yet named, make supplemental report, as directed

3 Sex of Child Male	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born alive	6 Date of birth 1/29/22 (Month) (Day) (Year)
---------------------	--	-----------------------------	-------------------------------------	---

7 FULL NAME FATHER Gardner C. Norcross	8 FULL MAIDEN NAME MOTHER Mildred Mabelle Moulton
---	--

9 RESIDENCE No. Edgewood Rd (At time the birth occurred) ST. Southboro (City or town)	10 RESIDENCE No. Edgewood Rd (At time the birth occurred) ST. Southboro (City or town)
--	---

11 COLOR W	12 AGE AT LAST BIRTHDAY 28 YEARS (At time the birth occurred)	13 COLOR W	14 AGE AT LAST BIRTHDAY 30 YEARS (At time the birth occurred)
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15 BIRTHPLACE Springfield Mass (City or town) (State or country)	16 BIRTHPLACE Whitneyville Conn (City or town) (State or country)
---	--

17 OCCUPATION Farmer	18 OCCUPATION Housewife
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19 Attendant at birth or informant George C Anthony (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	Phys (Physician, midwife, father, or other)
---	--

Address No. 3 Denton Rd W St., Wellesley
(City or town)

Dated 1/31/22 (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received Feb. 1, 1922 (Month) (Day) (Year)	21 Received (Month) (Day) (Year)
--	-------------------------------------

James H. Fleming
Registrar of city or town where birth occurred

Registrar of city or town where parents reside

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or Town of Framingham

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Newell Woodbury Pinkham { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Feb. 3, 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>William Pinkham</u>	8 FULL MAIDEN NAME <u>Florence Nickerson</u>		
9 RESIDENCE No. <u>Cordaville Rd.</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. <u>Cordaville Rd.</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)		
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>45</u> YEARS (At time the birth occurred) <u>Watertown, Mass.</u>	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>35</u> YEARS (At time the birth occurred) <u>Plymouth, Mass.</u>
15 BIRTHPLACE _____ (City or town) (State or country)	16 BIRTHPLACE _____ (City or town) (State or country)		
17 OCCUPATION <u>Insurance agt.</u>	18 OCCUPATION <u>hw</u>		

19 Attendant at birth or informant G. S. Thompson MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southboro
(City or town)
Dated _____
(Month) (Day) (Year)

Did above-named personally attend the birth? yes

20 Received 2/4/22
William S. Walsh
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
3/22/22
(Month) (Day) (Year)

Received _____

Registrar of city or town where parents resided

REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS(See deposition
5 (correction))

(City or town)

County of Worcester

CANVASSER'S RETURN OF A BIRTH

(See instructions in margin)

City or
Town of SouthboroughNo. Jay Court Registered No. ST. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Audrey Evelyn Morse(If child is not yet named, make
supplemental report, as directed)

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <u>?</u> (To be answered only in event of plural births)	4a Number in order of birth <u>2</u>	5 Born alive or still-born	6 Date of birth <u>February 17 - 1922</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME Ernest C Morse9 RESIDENCE No. Jay Court ST.
(At time the birth occurred)
Southborough
(City or town)11 COLOR Wh. 12 AGE AT LAST BIRTHDAY 31 YEARS
(At time the birth occurred)15 BIRTHPLACE Roxbury Maso
(City or town) (State or country)17 OCCUPATION Factory worker
(At time the birth occurred)19 Attendant at birth Dr. Morse md.
Physician or midwife
Address No. Ashtland ST.
City or townDid above-named personally attend the birth? yes
(Yes or No)21 Name of
canvasserDate return was obtained
(Month) (Day) (Year)

MOTHER

8 FULL MAIDEN NAME Mary Beatrice Campbell10 RESIDENCE No. Jay Court ST.
(At time the birth occurred)
Southborough
(City or town)13 COLOR Wh. 14 AGE AT LAST BIRTHDAY 23 YEARS
(At time the birth occurred)16 BIRTHPLACE Eastport Maine
(City or town) (State or country)18 OCCUPATION Housewife
(At time the birth occurred)20 Informant Ernest C Morse
Address No. Jay Court ST.
City or town of Southboro
Relationship to child, if any Father22 Filed March 4 - 1922
(Month) (Day) (Year)Chas. R. Fairbanks

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-2 is to be used for births which occurred in your city or town and which were obtained by the canvasser and which had not been returned previously. Birth returns obtained from baptismal or church records and not previously reported by a physician, midwife, parent, or hospital should also be returned on Form R-2.

If your canvasser obtains from parents new living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-2 to the clerk of the city or town in which the birth occurred.

Commonwealth of Massachusetts.

City or Town, Southville, Mass.
Date of Birth, Feb 17 1922.
Sex, Female Born Alive, yes
Color (if other than white), White
Name (if named), Andrey Evelyn Morse
Place of Birth, No. Way of Street
Name of Father, Ernest C. Morse
Name of Mother, Mabel Beatrice Campbell
Maiden Name of Mother, Mabel Beatrice Campbell
Age of Father, 31 Mother, 23
Residence of Parents, No. Way of Street
Ward Southville
Occupation of Father, Laborer
Occupation of Mother (if any), Home
Birthplace of Father, Boston
Birthplace of Mother, E. Port Me
I did..... personally attend the birth.

(Signature),

R. S. Morse

Physician

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Fill out with ink. All names to be in full.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMarlborough
(City or town)County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Marlborough

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Marlborough Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Edward Goggin { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>male</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Feb. 20, 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Edward J. Goggin</u>	8 FULL MAIDEN NAME <u>Anna M. Campbell</u>		
9 RESIDENCE No. <u>Sears Rd.</u> St. <u></u> (At time the birth occurred) <u>Southborough, Mass.</u> (City or town)	10 RESIDENCE No. <u>Sears Rd.</u> St. <u></u> (At time the birth occurred) <u>Southborough, Mass.</u> (City or town)		
11 COLOR <u>W.</u>	12 AGE AT LAST BIRTHDAY <u>25</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Marlborough, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Tewkesbury, Mass.</u> (City or town) (State or country)		
17 OCCUPATION <u>Wire Chief Tel. & Tel. Co.</u>	18 OCCUPATION <u>Housewife</u>		

19 Attendant at birth or informant <u>Thomas F. McCarthy</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	<u>Physician</u> (Physician, midwife, father, or other)
Address No. <u>21 Cotting Ave.</u>	<u>Marlborough, Mass.</u> (City or town)
Dated <u>Feb. 21, 1922</u> (Month) (Day) (Year)	Did above-named personally attend the birth? <u>yes</u>

20 Received <u>Feb. 28, 1922</u> <u>P.B. Murphy</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

March 23-22

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Fill out with ink.

All names to be in full.

Date of Birth	Mar. 20, 1922	
Full Name of Child . .		
Sex, Color, and if Twin	Male white	
	break neck still	
Place of Birth	Fairville Southboro	Ward.....
	Street and Number, if any	
Full Name of Father . .	Tony Bastoloni	Age 33
Maiden Name of Mother	Mary Lhoni	Age 29
Residence of Parents . .	Fairville Southboro	Ward.....
	Street and Number, if any	
Occupation of Father . .	Stone Mason	
Occupation of Mother . .	Housewife	
Birthplace of Father . .	Italy	Age ..
Birthplace of Mother . .	Italy	Age.....

Dated at Marlborough Mar. 21, 1922

Signature of person making
return or in attendance
at birth. } G. H. Smith M.D.
Marlboro Mass.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of MARLBOROUGH

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Henry Fry

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>M</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Mar. 24, 1922</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME Henry Fry

MOTHER

8 FULL MAIDEN NAME Elspt Coutts9 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

11 COLOR W12 AGE AT LAST BIRTHDAY 46 YEARS
(At time the birth occurred)13 COLOR W14 AGE AT LAST BIRTHDAY 35 YEARS
(At time the birth occurred)15 BIRTHPLACE England
(City or town) (State or country)16 BIRTHPLACE Scotland
(City or town) (State or country)17 OCCUPATION farmer18 OCCUPATION at home19 Attendant at birth or informant C W Smith physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)Address No. 38 West Main St. Marlborough
(City or town)Dated March 26, 1922 Did above-named personally attend the birth? yes
(Month) (Day) (Year)20 Received March 27, 1922
P. B. Murphy

Registrar of city or town where birth occurred

Received _____

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Commonwealth of Massachusetts.

City or Town, Fayville
Date of Birth, March 27 1922
Sex, Female
Color (if other than white), _____
Name (if named), _____
Place of Birth, No. Cherry Street
Name of Father, Massimo Bertucci
Name of Mother, Albena Bertucci
Maiden Name of Mother, Albena Berne
Age of Father, 22 yrs. Mother, 25 yrs.
Residence of Parents, No. Cherry Street
Ward _____
Occupation of Father, Farmer
Occupation of Mother (if any), Housewife
Birthplace of Father, Piacenza - Italy
Birthplace of Mother, Parma Italy
I did..... personally attend the birth.

(Signature),

C. E. Harriman

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

March 28 - 1922

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted to Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-220, 20,000.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Angeline Bertonazi

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>f</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Mar. 28, 1922</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME Louis Bertonazi9 RESIDENCE No. Southborom School St. _____
(At time the birth occurred)

(City or town)

11 COLOR W12 AGE AT LAST BIRTHDAY 35 YEARS
(At time the birth occurred)15 BIRTHPLACE Italy
(City or town) (State or country)17 OCCUPATION Farmer

MOTHER

8 FULL MAIDEN NAME Louise Castinetti10 RESIDENCE No. Southboro Scholl St. _____
(At time the birth occurred)

(City or town)

13 COLOR W14 AGE AT LAST BIRTHDAY 30 YEARS
(At time the birth occurred)16 BIRTHPLACE Italy
(City or town) (State or country)18 OCCUPATION --19 Attendant at birth or informant William M. Bodwell MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)Address No. Union Ave. St. Framingham
(City or town)Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes20 Received 4/3/22
William M. Bodwell

Registrar of city or town where birth occurred

Received _____

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

Commonwealth of Massachusetts.

City or Town, Framingham

Date of Birth, April 12 1922

Sex, Male Born Alive, yes

Color (if other than white), White

Name (if named), _____

Place of Birth, No. Framingham Street

Name of Father, James G. Stebbins

Name of Mother, Minnie Slackwell

Maiden Name of Mother, Minnie Le Gay

Age of Father, 39 Mother, 36

Residence of Parents, No. Wood Street

Ward Southville

Occupation of Father, Bark keeper

Occupation of Mother (if any), Home

Birthplace of Father, Warwick, Mass

Birthplace of Mother, Worcester

I did..... personally attend the birth.

(Signature), P. S. Morse

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or Town of Framingham

No. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Frank Perley Stockwell { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>April 12 1922</u> (Month) (Day) (Year)
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7 FULL NAME <u>FATHER</u> <u>James G. Stockwell</u>	8 FULL MAIDEN NAME <u>MOTHER</u> <u>Minnie Gay</u>
---	--

9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Wood</u> <u>Southville</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Wood</u> <u>Southville</u> (City or town)
---	--

11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>39</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>36</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Warwick, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Nova Scotia</u> (City or town) (State or country)
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17 OCCUPATION <u>Book keeper</u>	18 OCCUPATION <u>--</u>
----------------------------------	-------------------------

19 Attendant at birth or informant R. S. Morse MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Ashland
(City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>5/10/22</u> <u>William Sheehan</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report <u>5/15/22</u> (Month) (Day) (Year) <u>William Sheehan</u>
--	--

Received _____ Registrar of city or town where parents resided _____ REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 83, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Commonwealth of Massachusetts.

City or Town, Southboro
Date of Birth, April 16, 1922 19
Sex, Female Born Alive, Yes
Color (if other than white), _____
Name (if named) Grace Josephine Fernald
Place of Birth, No. Middle Road Street
Name of Father, Walter Fernald
Name of Mother, Elsie Fernald
Maiden Name of Mother, Elsie Hunt
Age of Father, 19 Mother, 16
Residence of Parents, No. _____ Street
Southville, Southboro
Occupation of Father, Farmer
Occupation of Mother (if any), Housewife
Birthplace of Father, Malden, Mass.
Birthplace of Mother, Cordaville, Mass.
I did _____ personally attend the birth.

(Signature),

W. N. Lang

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the birth occurred should be transmitted on Form R-6 to the clerk of this city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-20, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of MARLBOROUGHRegistered No. _____ Registered No. _____
(Place of birth) (Residence of parents)No. HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Smith (Herald Frederick) { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>M</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>April 16, 1922</u> (Month) (Day) (Year)
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7 FULL NAME <u>Fred Smith</u>	FATHER	8 FULL MAIDEN NAME <u>Bertha L. Robertson</u>	MOTHER
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9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)
---	--

11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Portsmouth, N.H.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Moncton, N. B.</u> (City or town) (State or country)
--	--

17 OCCUPATION <u>waiter</u>	18 OCCUPATION <u>at home</u>
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19 Attendant at birth or informant <u>C W Smith</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	<u>physician</u> (Physician, midwife, father, or other)
---	--

Address No. 38 West Main St. Marlborough
(City or town)Dated April 18, 1922 Did above-named personally attend the birth? yes
(Month) (Day) (Year)

20 Received <u>April 18, 1922</u> <u>P.B. Murphy</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
---	--

Received _____

Registrar of city or town where parents resided

REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts (See
OFFICE OF THE SECRETARY deposition
DIVISION OF VITAL STATISTICS #1)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or
Town of FraminghamNo. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Robina Geraldine Wiles { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>f</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>May 3 1922</u> (Month) (Day) (Year)
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FATHER 7 FULL NAME <u>Charles G. Wiles</u>		MOTHER 8 FULL MAIDEN NAME <u>Lillian Johnson</u>	
<u>Central</u> 9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Fayville</u> (City or town)		<u>Central</u> 10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Fayville</u> (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>36</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Nova Scotia</u> (City or town) (State or country)		16 BIRTHPLACE <u>Pueblo, Cal.</u> (City or town) (State or country)	
17 OCCUPATION <u>Carpenter</u>		18 OCCUPATION <u>--</u>	

19 Attendant at birth or informant R. S. Morse MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Ashland
(City or town)Date _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes20 Received 5/8/22 21 Given name added from a supplemental report 5/29/22

Received _____ Registrar of city or town where birth occurred (Month) (Day) (Year)

Received _____ Registrar of city or town where parents resided

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BIRTHS WHICH OCCURRED OUTSIDE YOUR CITY OR TOWN IN CASE THE PARENTS WERE RESIDENTS OF YOUR CITY OR TOWN AT THE TIME THE BIRTH OCCURRED. COPIES OF RETURNS OF BIRTHS WHICH OCCURRED IN YOUR CITY OR TOWN IN CASE THE PARENTS RESIDED IN ANOTHER CITY OR TOWN AT THE TIME THE CHILD WAS BORN SHOULD BE TRANSMITTED ON FORM R-6 TO THE CLERK OF THE CITY OR TOWN IN WHICH THE PARENTS RESIDED AS SOON AS POSSIBLE AFTER THE CLOSE OF THE MONTH IN WHICH THE BIRTH OCCURRED. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(See Dep. #2)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. (Place of birth) Registered No. (Residence of parents)

City or Town of FraminghamNo. Ann- Framingham Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Ann Haywood { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>f</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>May 15 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Donald Haywood</u>	8 FULL MAIDEN NAME <u>Mildred Fuller</u>		

9 RESIDENCE No. (At time the birth occurred) <u>Southville</u> St.	10 RESIDENCE No. (At time the birth occurred) <u>Southville</u> St.
(City or town)	(City or town)

11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Boston, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Al enville, N. Y.</u> (City or town) (State or country)
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17 OCCUPATION <u>Farmer</u>	18 OCCUPATION <u>--</u>
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19 Attendant at birth or informant <u>J. Lowell Bacon</u> MD (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. St. (City or town)

Dated (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>5/18/22</u> <u>William S. Walsh</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
---	--

Received Registrar of city or town where parents resided	REGISTRAR
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WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-20, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of MARLBOROUGH

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Wynne Elizabeth DUNN { If child is not yet named, make supplemental report, as directed3 Sex of
Child F4 Twin, triplet,
or other ?

(To be answered only in event of plural births)

4a Number in
order of birth5 Born alive or still-
born ALIVE6 Date of
birth May 8, 1922

(Month) (Day) (Year)

7 FULL
NAMEFATHER
Vincent Dunn8 FULL
MAIDEN
NAMEMOTHER
Gladys S. Morse9 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

11 COLOR W12 AGE AT LAST
BIRTHDAY 23 YEARS
(At time the birth occurred)13 COLOR W14 AGE AT LAST
BIRTHDAY 21 YEARS
(At time the birth occurred)15 BIRTHPLACE Marlborough
(City or town) (State or country)16 BIRTHPLACE Marlborough
(City or town) (State or country)17 OCCUPATION steward18 OCCUPATION at home19 Attendant at birth or informant C W Smith physician
(If there was no physician or midwife attendant, draw line through "attendant at birth") (Name) (Physician, midwife, father, or other)

Address No. _____ St. _____ (City or town)

Dated May 9, 1922 Did above-named personally attend the birth? yes
(Month) (Day) (Year)20 Received May 10, 1922

Registrar of city or town where birth occurred

Received _____

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

City or
Town of FraminghamNo. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD baby Honen { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>still</u>	6 Date of birth <u>May 27 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Edward Robert</u>	8 FULL MAIDEN NAME <u>Alma Labossiere</u>	9 RESIDENCE No. <u>Southville</u> St. _____ (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>Southville</u> St. _____ (At time the birth occurred) (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>45</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>40</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Marlboro</u> (City or town) (State or country)	16 BIRTHPLACE <u>Marlboro</u> (City or town) (State or country)	17 OCCUPATION <u>Foreman - shoe fac.</u>	18 OCCUPATION <u>hw</u>

19 Attendant at birth or informant W. H. Gane MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Ashland (City or town)Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>5/31/22</u> <u>William H. Gane</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report
Received _____ Registrar of city or town where parents resided	(Month) (Day) (Year)

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of this city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

36-119, 20,000.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Whitney Wayland Jacobs { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>June 14 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Ernest M. Jacobs</u>	8 FULL MAIDEN NAME <u>Clara H. Miller</u>	9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Fayville</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Fayville</u> (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>38</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>26</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Maine</u> (City or town) (State or country)	16 BIRTHPLACE <u>Fayville</u> (City or town) (State or country)	17 OCCUPATION <u>Salesman</u>	18 OCCUPATION _____

19 Attendant at birth or informant J. Lowell Bacon MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southboro (City or town)Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>6/19/22</u> <u>William Schwab</u> Registrar of city or town where birth occurred Received _____ Registrar of city or town where parents resided	21 Given name added from a supplemental report (Month) (Day) (Year)
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REGISTRAR

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF BIRTH

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of MARLBOROUGH

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Maguire Ann CALLAHAN { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other? <u>twin</u> (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>June 19, 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME	<u>Henry J. Callahan</u>	8 FULL MAIDEN NAME	<u>Mary E. Purcell</u>
9 RESIDENCE No. _____ (At time the birth occurred)	<u>East Main</u> ST. <u>Southborough</u> (City or town)	10 RESIDENCE No. _____ (At time the birth occurred)	<u>East Main</u> ST. <u>Southborough</u> (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>28</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
15 BIRTHPLACE	<u>Hudson</u> <u>Mass.</u> (City or town) (State or country)	16 BIRTHPLACE	<u>Marlborough</u> (City or town) (State or country)
17 OCCUPATION	<u>printer</u>	18 OCCUPATION	<u>at home</u>

19 Attendant at birth or informant Thomas F. McCarthy physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. 21 Cotting ave St. Marlborough
(City or town)

Dated June 23, 1922 Did above-named personally attend the birth? yes
(Month) (Day) (Year)

20 Received: <u>July 5, 1922</u> <u>P. B. Murphy</u> Registrar of city or town where birth occurred Received _____ Registrar of city or town where parents resided	21 Given name added from a supplemental report _____ (Month) (Day) (Year)
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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of MARLBOROUGH

Registered No. (Place of birth) Registered No. (Residence of parents)

No. HOSPITAL St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Mary Elizabeth CALLAHAN

If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other? <u>TWIN</u> (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>ALIVE</u>	6 Date of birth <u>JUNE 19, 1922</u> (Month) (Day) (Year)
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7 FULL NAME <u>FATHER</u> <u>Henry J. Callahan</u>	8 FULL MAIDEN NAME <u>MOTHER</u> <u>Mary E. Purcell</u>
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9 RESIDENCE No. <u>East Main</u> St. <u>Southborough</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>East Main</u> St. <u>Southborough</u> (At time the birth occurred) (City or town)
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11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>28</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Hudson</u> (City or town) (State or country)	16 BIRTHPLACE <u>Marlborough</u> (City or town) (State or country)
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17 OCCUPATION <u>Printer</u>	18 OCCUPATION <u>at home</u>
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19 Attendant at birth or informant <u>Thomas F McCarthy</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	<u>physician</u> (Physician, midwife, father, or other)
---	--

Address No. 21 Cotting avenue St. MarlboroughDated June 23, 1922 (Month) (Day) (Year) Did above-named personally attend the birth? yes (City or town)

20 Received <u>July 5, 1922.</u> (Month) (Day) (Year)	21 Received (Month) (Day) (Year)
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Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of this city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1916, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-21. 30,000.

143

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

~~City of Marlborough~~

Town of Southboro.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK.

ALL NAMES TO BE IN FULL.

Date of Birth	<i>June 23. -1922.</i>	
Full Name of Child	<i>Davis Walter Mandy</i>	
Sex, Color, and if Twin	<i>M - W.</i>	
Place of Birth	<i>Main St.</i>	Ward
	Street and Number	
Full Name of Father	<i>Davis, William North</i>	Age <i>41</i>
Maiden Name of Mother	<i>Sandy Eva B.</i>	Age <i>36</i>
Residence of Parents	<i>Main St.</i>	Ward
	Street and Number	
Occupation of Father	<i>U.S. M. & Agt.</i>	
Occupation of Mother	<i>House.</i>	
Birthplace of Father	<i>Maine</i>	Age
Birthplace of Mother	<i>Mass.</i>	Age

Dated at Marlborough *June 23-* 19*22.*

Signature and residence of
person making return and
in attendance at birth.

Capt. J. Merrill W.D.
Marlow Mass

Commonwealth of Massachusetts.

City or Town, Southboro Mass

Date of Birth, Jan 16 1922

Sex, Male

Color (if other than white), White

Name (if named), _____

Place of Birth, No. Fayville Mass Street

Name of Father, John Phillips

Name of Mother, Seraetini Phillips

Maiden Name of Mother, Seraetini Rich

Age of Father, 51 Mother, 38

Residence of Parents, No. Fayville Street

Ward _____

Occupation of Father, Laborer

Occupation of Mother (if any), House wife

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did..... personally attend the birth.

(Signature), James Beem

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. (Place of birth) Registered No. (Residence of parents)

City or Town of Bramingham

No. Union Ave. Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Eva Marie Paul { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>f</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>June 29 1922</u> (Month) (Day) (Year)
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7 FATHER FULL NAME <u>Felix Paul</u>		8 MOTHER FULL MAIDEN NAME <u>Corrine Liberty</u>	
9 RESIDENCE No. <u>Southboro</u> St. <u>Southboro</u> (At time the birth occurred) (City or town)		10 RESIDENCE No. <u>Southboro</u> St. <u>Southboro</u> (At time the birth occurred) (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Canada</u> (City or town) (State or country)		16 BIRTHPLACE <u>Southboro</u> (City or town) (State or country)	
17 OCCUPATION <u>Weaver</u>		18 OCCUPATION <u>- -</u>	

19 Attendant at birth or informant W. H. Gane MD
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. St. Ashland (City or town) yes

Dated (Month) (Day) (Year) Did above-named personally attend the birth?

20 Received <u>6/30/22</u> <u>William S. Walsh</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received Registrar of city or town where parents resided	REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of

CANVASSER'S RETURN OF A BIRTH

(See instructions in margin)

Registered No. Ward

City or
Town ofNo St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Evelyn June McCarthy { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>7</u>	4 Twin, triplet, or other? <u>1</u> (To be answered only in event of plural births)	4a Number in order of birth <u>1</u>	5 Born alive or still-born <u>9</u>	6 Date of birth <u>July 6 - 22</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME Michael J.9 RESIDENCE No. St.
(At time the birth occurred)

(City or town)

11 COLOR wh12 AGE AT LAST BIRTHDAY 29 YEARS
(At time the birth occurred)15 BIRTHPLACE S.

(City or town)

(State or country)

17 OCCUPATION

(At time the birth occurred) Carpenter19 Attendant at birth Dr. B. H. MurrellPhysician or midwife B.Address No. Mechanic St.City or town M.Did above-named personally attend the birth? Yes
(Yes or No)

MOTHER

8 FULL MAIDEN NAME Angelina Dufault10 RESIDENCE No. St.
(At time the birth occurred)

(City or town)

13 COLOR wh14 AGE AT LAST BIRTHDAY 26 YEARS
(At time the birth occurred)16 BIRTHPLACE Malden

(City or town)

(State or country)

18 OCCUPATION

(At time the birth occurred) at home20 Informant M.

Address No. St.

City or town of

Relationship to child, if any M.21 Name of
canvasser22 Filed
(Month) (Day) (Year)Date return was obtained
(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-2 is to be used for births which occurred in your city or town and which were obtained by the canvasser and which had not been returned previously. Birth returns obtained from baptismal or church records and not previously reported by a physician, midwife, parent, or hospital should also be returned on Form R-2.

If your canvasser obtains from parents new living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-2 to the clerk of the city or town in which the birth occurred.

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-20, 20,000.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Leona DeMone Rice { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>f</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>July 9, 1922</u> (Month) (Day) (Year)
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FATHER 7 FULL NAME <u>Henry D. Rice</u>		MOTHER 8 FULL MAIDEN NAME <u>Leona F. DeMons</u>	
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)		10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>24</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>23</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Hopkinton</u> (City or town) (State or country)		16 BIRTHPLACE <u>Newton</u> (City or town) (State or country)	
17 OCCUPATION <u>Mechanic</u>		18 OCCUPATION <u>hw</u>	

19 Attendant at birth or informant J. L. Lowell Bacon MD
 (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Southboro
 (City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received 7/17/22

Registrar of city or town where birth occurred

Received _____

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

PHYSICIAN'S CERTIFICATE

The Commonwealth of Massachusetts

City of Marlborough

RETURN OF A BIRTH
TO THE CLERK OF THE CITY OF MARLBOROUGH

FILL OUT WITH INK

ALL NAMES TO BE IN FULL

Date of Birth	July 12, 1922	
Full Name of Child . .	Leo Bradley Bunker	
Sex, Color, and if Twin	Male, white	
Place of Birth	Lyman St Southboro	Ward
	Street and Number	
Full Name of Father . .	Leo B. Bunker	Age 34
Maiden Name of Mother	Ruth A Banks	Age 36
Residence of Parents . .	Lyman St Southboro	Ward
	Street and Number	
Occupation of Father . .	Bacteriologist at Deerfoot	
Occupation of Mother . .	At Home	
Birthplace of Father . .	Franklin Maine	Age
Birthplace of Mother . .	Annapolis Nova Scotia	Age

Dated at Marlborough, July 14, 1922

Signature and residence of
person making return and
in attendance at birth. { C. M. Smith M.D.
Marlboro Mass.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of

MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of

MARLBOROUGH HOSPITAL

Registered No.

(Place of birth)

Registered No.

(Residence of parents)

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. Ward

2 FULL NAME OF CHILD

Mary Parkhurst Kidder

{ If child is not yet named, make supplemental report, as directed

3 Sex of
Child

F

4 Twin, triplet,
or other ?

(To be answered only in event of plural births)

4a Number in
order of birth5 Born alive or still-
born

alive

6 Date of birth

July 12, 1922

(Month) (Day) (Year)

7 FULL
NAMEFATHER
Dana J. Kidder8 FULL
MAIDEN
NAMEMOTHER
Grace M. Slayton9 RESIDENCE No. St.
(At time the birth occurred)(Fayville) Southboro
(City or town)10 RESIDENCE No. St.
(At time the birth occurred)Southboro
(City or town)

11 COLOR

W

12 AGE AT LAST
BIRTHDAY 43 YEARS
(At time the birth occurred)

13 COLOR

W

14 AGE AT LAST
BIRTHDAY 43 YEARS
(At time the birth occurred)

15 BIRTHPLACE

Haverhill, Mass.

(City or town) (State or country)

16 BIRTHPLACE

Woodstock, Vt.

(City or town) (State or country)

17 OCCUPATION

insurance agent

18 OCCUPATION

at home

19 Attendant at birth or informant

C T Warner

physician

(If there was no physician or midwife attendant,
draw line through "attendant at birth or informant")

(Name)

(Physician, midwife, father, or other)

Address No.

75 Main

St.

Marlborough

(City or town)

Dated

July 13, 1922

(Month) (Day) (Year)

Did above-named personally attend the birth? yes

20 Received

July 25, 1922

(Month) (Day) (Year)

P. B. Murphy

Registrar of city or town where birth occurred

21 Received

(Month) (Day) (Year)

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the birth occurred. (See Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

Frammingham, Mass.

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH
 (See instructions in margin)

City or Town of Frammingham

Registered No. _____ (Place of birth)
Frammingham Hosp.
 No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Registered No. _____ (Residence of parents)
 St. _____ Ward _____

2 FULL NAME OF CHILD Florance Luella Hebden { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>f</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 5 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Robert Hebden</u>	8 FULL MAIDEN NAME <u>Lois Wheeler</u>	9 RESIDENCE No. <u>Prentice</u> St. <u>Southville</u> (At time the birth occurred) (City or town)	10 RESIDENCE No. <u>Prentice</u> St. <u>Southville</u> (At time the birth occurred) (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>23</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>20</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Jefferson, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Abbingtion, Conn.</u> (City or town) (State or country)	17 OCCUPATION <u>Millhand</u>	18 OCCUPATION <u>h w</u>

19 Attendant at birth or informant M. James Shaughnessy MD
 (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)
 Address No. _____ St. Frammingham
 Dated _____ (Month) (Day) (Year) (City or town)
 Did above-named personally attend the birth? yes

20 Received <u>Aug 9, 1922</u> <u>William Schwalsh</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report <u>10/13/22</u> (Month) (Day) (Year) <u>William Schwalsh</u>
Received <u>12-19-19</u> <u>B. E. Smith</u> Registrar of city or town where parents resided	REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of MARLBOROUGHRegistered No. _____ Registered No. _____
(Place of birth) (Residence of parents)No. HOSPITAL St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Phyllis Agnes McHale { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 6, 1922</u> (Month) (Day) (Year)
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7 FULL NAME <u>FATHER</u> <u>Richard McHale</u>	8 FULL MAIDEN NAME <u>MOTHER</u> <u>Catherine M. Dolan</u>
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9 RESIDENCE No. <u>Ward road</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. <u>Ward road</u> St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)
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11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>28</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>31</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Southborough</u> (City or town) (State or country)	16 BIRTHPLACE <u>Ireland</u> (City or town) (State or country)
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17 OCCUPATION <u>farmer</u>	18 OCCUPATION <u>at home</u>
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19 Attendant at birth or informant <u>C W Smith</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	<u>physician</u> (Physician, midwife, father, or other)
---	--

Address No. _____ St. Marlborough
(City or town)Dated Aug. 7, 1922. (Month) (Day) (Year)
Did above-named personally attend the birth? yes

20 Received <u>Aug. 8, 1922</u> (Month) (Day) (Year)	21 Received _____ (Month) (Day) (Year)
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Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS(See Deposition
#3)

(City or town)

County of MIDDLESEX

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or MARLBOROUGH
Town of HOSPITAL

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Robert George Mahoney { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>M</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>August 10, 1922</u> (Month) (Day) (Year)
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7 FULL NAME <u>FATHER</u> <u>Robert D. Mahoney</u>	8 FULL MAIDEN NAME <u>MOTHER</u> <u>Angelina M. Guertin</u>
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9 RESIDENCE No. <u>Main</u> St. _____ (At time the birth occurred)	10 RESIDENCE No. <u>Main</u> St. _____ (At time the birth occurred)
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<u>Southboro</u> (City or town)	<u>Southboro</u> (City or town)
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11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE <u>Southboro</u> (City or town) (State or country)	16 BIRTHPLACE <u>Hudson Mass.</u> (City or town) (State or country)
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17 OCCUPATION <u>mechanic</u>	18 OCCUPATION <u>at home</u>
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19 Attendant at birth or informant <u>C H Merrill</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	<u>physician</u> (Physician, midwife, father, or other)
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Address No. <u>1 03 Mechanic</u>	St. <u>Marlborough</u> (City or town)
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Dated <u>Aug 10, 1922</u> (Month) (Day) (Year)	Did above-named personally attend the birth? <u>yes</u>
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20 Received <u>Aug. 14, 1922</u> (Month) (Day) (Year)	21 Received _____ (Month) (Day) (Year)
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Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 98, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-21. 30,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. Marlborough Hospital (Place of birth) Registered No. _____ (Residence of parents)
City or Town of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Clarence Edward Taylor } If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>M</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Aug. 27 1922</u> (Month) (Day) (Year)
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7 FULL NAME <u>FATHER</u> <u>Clarence A. Taylor</u>	8 FULL MAIDEN NAME <u>MOTHER</u> <u>Beatrice V. Trail</u> (?)
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9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southborough</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southborough</u> (City or town)
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11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>44</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>31</u> YEARS (At time the birth occurred)
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15 BIRTHPLACE _____ (City or town) (State or country)	16 BIRTHPLACE _____ (City or town) (State or country)
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17 OCCUPATION <u>farmer</u>	18 OCCUPATION <u>at home</u>
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19 Attendant at birth or informant C W Smith physician
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. Marlborough
(City or town) yes

Dated Aug. 31 1922 Did above-named personally attend the birth? _____
(Month) (Day) (Year)

20 Received _____ (Month) (Day) (Year)	21 Received _____ (Month) (Day) (Year)
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Registrar of city or town where birth occurred

Registrar of city or town where parents reside

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
 (MAINTAIN RESERVE FOR BIRTHS)

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

153-7-20, 20,000.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Framingham

The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

Framingham, Mass.
 (City or town)

COPY OF RETURN OF A BIRTH
 (See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD William Eldred McKie { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Sept. 21, 1922</u> (Month) (Day) (Year)
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FATHER 7 FULL NAME <u>William Samuel Eldred</u> 9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Cordaville</u> (City or town) 11 COLOR <u>W</u> 12 AGE AT LAST BIRTHDAY <u>25</u> YEARS (At time the birth occurred) 15 BIRTHPLACE <u>E. Boston</u> (City or town) (State or country) 17 OCCUPATION <u>Millhand</u>		MOTHER 8 FULL MAIDEN NAME <u>Ruth Marion Ladd</u> 10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Cordaville</u> (City or town) 13 COLOR <u>W</u> 14 AGE AT LAST BIRTHDAY <u>29</u> YEARS (At time the birth occurred) 16 BIRTHPLACE <u>Springdale, Mass.</u> (City or town) (State or country) 18 OCCUPATION <u>h w</u>	
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19 Attendant at birth or informant Gilbert O. Wood MD
 (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____, _____ St., _____
 (City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>9/25/22</u> <u>William S. Walsh</u> Registrar of city or town where birth occurred Received <u>17-1922</u> <u>G. J. F. J.</u> Registrar of city or town where parents resided	21 Given name added from a supplemental report (Month) (Day) (Year)
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REGISTRAR

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

1 PLACE OF BIRTH

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or Town of Framingham

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

Union Ave. Hosp.

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Lena Martinelli

(If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>fe</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Sept. 26, 1922</u> (Month) (Day) (Year)
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FATHER

7 FULL NAME Tony Martinelli

9 RESIDENCE No. _____ St. _____
(At time the birth occurred)
Southboro
(City or town)

11 COLOR W

12 AGE AT LAST BIRTHDAY 30 YEARS
(At time the birth occurred)
Italy

15 BIRTHPLACE _____ (City or town) _____ (State or country)

17 OCCUPATION Laborer in mill

MOTHER

8 FULL MAIDEN NAME Anunziata Cheskini

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)
Southboro
(City or town)

13 COLOR W

14 AGE AT LAST BIRTHDAY 29 YEARS
(At time the birth occurred)
Italy

16 BIRTHPLACE _____ (City or town) _____ (State or country)

18 OCCUPATION --

19 Attendant at birth or informant W. H. Gane M. D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. _____
(City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received 9/28/22
William Walsh
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
(Month) (Day) (Year)

Received _____

Registrar of city or town where parents resided

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents born living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

154

7-20. 20,000.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-20, 20,000.

1 PLACE OF BIRTH

County of Worcester

City or Town of Worcester

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Worcester

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Worc City Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD -- Kriss { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>Male</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births) <u>--</u>	4a Number in order of birth	5 Born alive or still-born <u>Stillborn</u>	6 Date of birth <u>Oct 5, 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>George L Kriss</u>	8 FULL MAIDEN NAME <u>Blanche Larkum</u>		
9 RESIDENCE No. <u>--</u> St. <u>Southboro</u> (At time the birth occurred) (City or town)		10 RESIDENCE No. <u>--</u> St. <u>Southboro</u> (At time the birth occurred) (City or town)	
11 COLOR <u>White</u>	12 AGE AT LAST BIRTHDAY <u>23</u> YEARS (At time the birth occurred)	13 COLOR <u>White</u>	14 AGE AT LAST BIRTHDAY <u>23</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Framingham, Mass.</u> (City or town) (State or country)		16 BIRTHPLACE <u>Worcester, Mass.</u> (City or town) (State or country)	
17 OCCUPATION <u>Laster- shoes</u>		18 OCCUPATION <u>Housewife</u>	

19 Attendant at birth or informant Charles A Drew M D Supt
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. Worc City Hospital St. Worcester
(City or town)

Dated -- Did above-named personally attend the birth? No
(Month) (Day) (Year)

20 Received <u>Oct 10, 1922</u> <u>Worcester</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

Commonwealth of Massachusetts.

City or Town, Southboro Mass
Date of Birth, Oct-26 1912
Sex, Male
Color (if other than white), White
Name (if named), Lawrence Everett Gray
Place of Birth, No. Fayville Street
Name of Father, Charles C Gray
Name of Mother, Mary S Gray
Maiden Name of Mother, Mary S Flanders
Age of Father, 29 Mother, 29
Residence of Parents, No. Fayville Street
Ward _____
Occupation of Father, News paper work
Occupation of Mother (if any), House wife
Birthplace of Father, Cambridge Mass
Birthplace of Mother, Newport N H.
I did..... personally attend the birth.

(Signature),

Lawrence Baer

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

MARGIN RESERVED FOR BINDING

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or Town of Framingham

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Framingham Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Earl Harris Boutilier { If child is not yet named, make supplemental report, as directed

3 Sex of Child m	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born alive	6 Date of birth Nov. 1 1922 (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME George F. Boutilier	8 FULL MAIDEN NAME Edith Early	9 RESIDENCE No. Southboro (At time the birth occurred) (City or town)	10 RESIDENCE No. Southboro (At time the birth occurred) (City or town)
11 COLOR W	12 AGE AT LAST BIRTHDAY 52 YEARS (At time the birth occurred)	13 COLOR W	14 AGE AT LAST BIRTHDAY 38 YEARS (At time the birth occurred)
15 BIRTHPLACE Nashua, N. H. (City or town) (State or country)	16 BIRTHPLACE Purdys, N. Y. (City or town) (State or country)	17 OCCUPATION Farmer	18 OCCUPATION --

19 Attendant at birth or informant E. F. Regan M. D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or?") (Name) (Physician, midwife, father, or other)

Address No. Framingham St. (City or town)

Dated (Month) (Day) (Year) Did above-named personally attend the birth?

20 Received William Boutilier Registrar of city or town where birth occurred	21 Given name added from a supplemental report (Month) (Day) (Year)
Received Registrar of city or town where parents resided	REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Commonwealth of Massachusetts.

City or Town, Southville

Date of Birth, Nov 15 1912

Sex Male Born Alive, Yes

Color (if other than white), White

Name (if named), Charles Arthur Bullens

Place of Birth, No. Southville Street

Name of Father, Chas H Bullens

Name of Mother, Eva Bullens

Maiden Name of Mother, Eva Lawrence

Age of Father, 32 Mother, 29

Residence of Parents, No. Southville Street

Ward _____

Occupation of Father, Labourer

Occupation of Mother (if any), Home

Birthplace of Father, Marlboro Mass

Birthplace of Mother, Hartford Conn

I did..... personally attend the birth.

(Signature), O. S. Moore

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink.

All names to be in full.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-20, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or Town of Framingham

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Levon Stephan Sarajian { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other ?	4a Number in order of birth (To be answered only in event of plural births)	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Dec. 11, 1922</u> (Month) (Day) (Year)
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7 FATHER FULL NAME <u>Charles Sarajian</u>		8 MOTHER FULL MAIDEN NAME <u>Margaret Morris</u>	
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)		10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>30</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Armenia</u> (City or town) (State or country)		16 BIRTHPLACE <u>Boston</u> (City or town) (State or country)	
17 OCCUPATION <u>Shoe worker</u>		18 OCCUPATION <u>--</u>	

19 Attendant at birth or informant James Glass M. D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. _____
(City or town) yes

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received <u>12/12/22</u> <u>William S. Walsh</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report <u>1/3/23</u> (Month) (Day) (Year) <u>William S. Walsh</u>
Received _____ Registrar of city or town where parents resided	REGISTRAR

Commonwealth of Massachusetts.

City or Town, Southboro Mass.
Date of Birth, Dec 17 1922
Sex, Male
Color (if other than white), White
Name (if named), _____
Place of Birth, No. Chippend Rd. Street
Name of Father, _____
Name of Mother, Evelyn L. Fields
Maiden Name of Mother, Evelyn L. Fields
Age of Father, _____ Mother, 19
Residence of Parents, No. Chippend Street
Ward _____
Occupation of Father, Farmer
Occupation of Mother (if any), Occupied - Dining
Birthplace of Father, _____
Birthplace of Mother, Bridgewater Mass.
I did not personally attend the birth.

(Signature),

James Bowen

Physician

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Fill out with ink. All names to be in full.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Frammingham, Mass

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Frammingham

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Earlah Wallace Miles { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>fe</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Dec 19, 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
7 FULL NAME <u>Andrew J. Miles</u>	8 FULL MAIDEN NAME <u>Ruby M. Wallave</u>	9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>58</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>59</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Craftsbury, Vt.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Albany, Vt.</u> (City or town) (State or country)	17 OCCUPATION <u>Contractor & builder</u>	18 OCCUPATION <u>--</u>

19 Attendant at birth or informant W. H. Gane M. D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. _____ St. _____
(City or town)Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received 12/21/22
Earlah Wallace
Registrar of city or town where birth occurred

21 Given name added from a supplemental report
(Month) (Day) (Year)

Received _____

Registrar of city or town where parents resided

REGISTRAR

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

PHYSICIAN'S CERTIFICATE.

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

(See Dep. #4)

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Fill out with ink.

All names to be in full.

Date of Birth	Dec. 27, 1922		
Full Name of Child . .			
Sex, Color, and if Twin	Female, white		
Place of Birth	Southboro Rd. Southboro	Ward.....	
	Street and Number, if any		
Full Name of Father .	James B. Johnson	Age	46
Maiden Name of Mother	Leticia Campbell	Age	43
Residence of Parents	Southboro Rd. Southboro	Ward.....	
	Street and Number, if any		
Occupation of Father .	Farmer		
Occupation of Mother .	At Home		
Birthplace of Father .	Southboro		
Birthplace of Mother .	Nova Scotia		

Dated at Marlborough Dec 31 1922

Signature of person making
return or in attendance
at birth.

C. M. Smith M.D.
Marlboro Mass

Commonwealth of Massachusetts.

City or Town,

Southborough, Mass

Date of Birth,

January 21 19*23*

Sex,

Male

Color (if other than white),

Name (if named),

Richard Gilman

Place of Birth, No.

Parkville Road Street

Name of Father,

Albert Sewell Woodward

Name of Mother,

Alice Lee Woodward

Maiden Name of Mother,

Alice Lee Morrill

Age of Father,

46

Mother,

32

Residence of Parents, No.

Parkville Road Street

Ward

Occupation of Father,

Teacher

Occupation of Mother (if any),

Housekeeper

Birthplace of Father,

Weymouth, H. H.

Birthplace of Mother,

Wakefield, Mass.

I did..... personally attend the birth.

(Signature),

James Bacon

Physician

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Fill out with ink. All names to be in full.

RECORD OF BIRTH

103

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

7-20, 20,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Frammingham, Mass.

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or Town of Frammingham

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Frammingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Frederick Clifton Staples Jr. { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Jan. 23 1923</u> (Month) (Day) (Year)
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7 FULL NAME <u>Father Frederick Clifton Staples</u>		8 FULL MAIDEN NAME <u>Mother Elizabeth Flanders</u>	
9 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southboro</u> (City or town)		10 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>52</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>36</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Mass.</u> (City or town) (State or country)		16 BIRTHPLACE <u>New Jersey</u> (City or town) (State or country)	
17 OCCUPATION <u>School master</u>		18 OCCUPATION <u>- -</u>	

19 Attendant at birth or informant J. Lowell Bacon M. D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)
Southboro
Address No. _____ St. _____ (City or town) yes
Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth?

20 Received <u>1/31/23</u> <u>William Shearsh</u> Registrar of city or town where birth occurred	21 Given name added from a supplemental report <u>4/16/23</u> <u>William Shearsh</u> (Month) (Day) (Year)
Received _____ Registrar of city or town where parents resided	REGISTRAR

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF BIRTH

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Marlboro

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Charles Griffin If child is not yet named, make supplemental report, as directed

3 Sex of Child m 4 Twin, triplet, or other ? _____ 4a Number in order of birth _____ 5 Born alive or still-born Born 6 Date of birth Jan. 25-1923
(To be answered only in event of plural births) (Month) (Day) (Year)

7 FULL NAME FATHER James E. Egan 8 FULL MAIDEN NAME MOTHER Catherine McDonald

9 RESIDENCE No. _____ St. _____ (At time the birth occurred) Southboro (City or town) 10 RESIDENCE No. _____ St. _____ (At time the birth occurred) Southboro (City or town)

11 COLOR W 12 AGE AT LAST BIRTHDAY 28 YEARS (At time the birth occurred) 13 COLOR W 14 AGE AT LAST BIRTHDAY 29 YEARS (At time the birth occurred)

15 BIRTHPLACE Boston (City or town) (State or country) 16 BIRTHPLACE Southboro (City or town) (State or country)

17 OCCUPATION Shoe - Artist (9) 18 OCCUPATION _____

19 Attendant at birth or informant B. J. Warner (Name) (Physician, midwife, father, or other)

Address No. _____ St. Marlboro (City or town)

Dated Feb. 8 - 23 (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received Mar. 16 - 23 (Month) (Day) (Year) 21 Received _____ (Month) (Day) (Year)

Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

PHYSICIAN'S CERTIFICATE.

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Town of Southboro.

Fill out with ink.

All names to be in full.

Date of Birth	<i>Feb. 14, 1923.</i>	
Full Name of Child	<i>Minucci</i>	
Sex, Color, and if Twin	<i>F. W.</i>	
Place of Birth	<i>Gene St.</i>	Ward.....
	Street and Number, if any .	
Full Name of Father	<i>Minucci, Dominic</i>	Age <i>32</i>
Maiden Name of Mother	<i>D'Angelo, Mary</i>	Age <i>25</i>
Residence of Parents	<i>Gene St.</i>	Ward.....
	Street and Number, if any	
Occupation of Father	<i>Salor.</i>	
Occupation of Mother	<i>House.</i>	
Birthplace of Father	<i>Italy</i>	Age . . .
Birthplace of Mother	<i>Italy</i>	Age.....

Dated at Marlborough

Feb. 14 - 1923

Signature of person making
return or in attendance
at birth.

Hyde Munnell MD
Marlboro Mass.

Recd Feb 16 - 1923

Chamberlain, J.C.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
NO RETURN WITH ERASURES OR ALTERATIONS WILL BE ACCEPTED

4-23-100,000 3275.

1 PLACE OF BIRTH

County of WorcesterThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

RETURN OF A BIRTH

City or Town of FayvilleRegistered No. _____
No. 3000 St St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Minucci, Emma

If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>F</u>	4 Twin, triplet or other? _____ (Answer only in event of plural births)	5 Born alive or stillborn	6 Date of birth <u>Feb. 14, 1923</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>Minucci, Dominic</u>	8 MOTHER PRESENT NAME AND MAIDEN NAME <u>Maria</u>
9 RESIDENCE No. <u>3000 St</u> ST. <u>Fayville Mass</u> (City or town)	10 RESIDENCE No. <u>3000 St</u> ST. <u>Fayville Mass</u> (City or town)
11 COLOR OR RACE <u>White Italian</u> AGE <u>32</u> YEARS	12 COLOR OR RACE <u>White Italian</u> AGE <u>25</u> YEARS
13 BIRTHPLACE <u>Italy</u> (City or town) (State or country)	14 BIRTHPLACE <u>Italy</u> (City or town) (State or country)
15 OCCUPATION <u>Laborer</u>	16 OCCUPATION <u>House</u>

17 Signature of Attendant at birth <u>Clyde H. Merrill M.D.</u> (Name) (Physician, parent or other, etc)
Address No. <u>103 Mechanic St</u> St., <u>Wareham Mass</u> (City or town)
Dated <u>Sept 14, 1929</u> (Month) (Day) (Year)
Did above-named personally attend the birth? <u>Yes</u>

18 Received at office of city or town clerk <u>September 14, 1929</u> (Month) (Day) (Year)
19 A true copy. Attest: <u>C. H. Fairbanks</u> REGISTRAR

167

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M-(b)-11-42 10746

1 PLACE OF BIRTH		WORCESTER (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)	
1		SOUTHBOROUGH (CITY OR TOWN)		DELAYED CERTIFICATE OF BIRTH		Registered No. _____ Deposition No. _____	
NO.		Rocklawn		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Yolanda Spinaci							
3 Sex F.		4 If plural Births { (a) Twin, triplet or other _____ (b) Number, in order of birth _____		5 Born ALIVE or STILLBORN Alive		6 Date of Birth Feb. 15, 1923 (MONTH) (DAY) (YEAR)	
3a Color							
7 FATHER FULL NAME John Spinaci				13 MOTHER MAIDEN NAME Mary Camilloni PRESENT NAME Mary Spinaci			
8 RESIDENCE, NO. Flanders STREET (AT TIME BIRTH OCCURRED) CITY OR TOWN Westborough, STATE Mass.				14 RESIDENCE, NO. Flanders STREET (AT TIME BIRTH OCCURRED) CITY OR TOWN Westborough, STATE Mass.			
9 COLOR OR RACE white		10 AGE AT TIME OF BIRTH 33 (YEARS)		15 COLOR OR RACE white		16 AGE AT TIME OF BIRTH 32 (YEARS)	
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Weaver (AT TIME OF BIRTH)				18 OCCUPATION Housewife (AT TIME OF BIRTH)			
19 Attendant at birth or informant. Gemma Sora (If there was no physician or attendant, draw line through "attendant at birth or") Address No. Flanders St., Westborough, Mass. (CITY OR TOWN)				(NAME) (PHYSICIAN, PARENT, OR OTHER)			
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth				June 9 1950 (MONTH) (DAY) (YEAR)			
21 Deponent Name		City or town		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.			
		Relation to child		Attest: John J. Rabeni (REGISTRAR)			
SEE REVERSE SIDE FOR AFFIDAVIT							
(CITY OR TOWN)							

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF } ss.:

Gemma Sora

being duly sworn, deposes and says that She resides at Southville Road,
Southborough, Mass.

that deponent has knowledge of the birth of Yolanda Spinaci
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the
affidavit was Certificate of Baptism

(Deponents Signature)

Gemma Sora

Sworn to and subscribed before me,

this 8 day of June, 19 50

John J. Babini
(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

Certificate of Baptism



Church of

St. Francis
Framingham Mass.

This is to Certify

That Solanda Spinaci
Child of John —
and Mary Camilloni
born in Southboro Mass. on the
15 day of Febr. 1923 was Baptized
on the 15 day of April 1923

According to the Rite of the Roman Catholic Church
by the Rev. Pietro Meschi P.S.C.
the Sponsors being Vincentio Golgati
and Emma Garg as appears from
the Baptismal Register of this Church.

Dated June 7-1923

Rev. Alto J. Tim Ree amb
Pastor

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or Framingham
Town of

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Framingham Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Rita Ann Noborini { If child is not yet named, make supplemental report, as directed3 Sex of Child fe 4 Twin, triplet, or other? (To be answered only in event of plural births) 5 Born alive or still-born alive 6 Date of birth Mar. 15 1923
(Month) (Day) (Year)7 FATHER FULL NAME Louis Noborini 8 PRESENT MOTHER NAME AND MAIDEN NAME Mena Treolin9 RESIDENCE No. (At time the birth occurred) St. (Fayville) Southboro (City or town) 10 RESIDENCE No. (At time the birth occurred) Southboro (City or town)11 COLOR W AGE 35 YEARS 12 COLOR W AGE 28 YEARS13 BIRTHPLACE Italy (City or town) (State or country) 14 BIRTHPLACE Fayville (City or town) (State or country)15 OCCUPATION Agriculturist 16 OCCUPATION --17 Attendant at birth or informant C. E. Harriman M. D.
(If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other)Address No. St. Framingham (City or town) yes
Dated (Month) (Day) (Year) Did above-named personally attend the birth?18 Received 3/16/23 (Month) (Day) (Year) William S. Walsh 19 Received 5/2/23 (Month) (Day) (Year) William S. Walsh
Registrar of city or town where birth occurred Registrar of city or town where parents resideMARGIN RESERVED FOR BINING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Fill out with ink.

All names to be in full.

Date of Birth	March 25-23		
Full Name of Child . .	William Arthur		
Sex, Color, and if Twin	W. M.		
Place of Birth	Southboro	R. T. D. Fisher Road	Ward.....
		Street and Number, if any	
Full Name of Father . .	George H. Vickers		Age 42
Maiden Name of Mother	Ida M. Peirce		Age 34
Residence of Parents . .	Fisher Road		Ward.....
		Street and Number, if any	
Occupation of Father . .	Shoemaker		
Occupation of Mother . .	House		
Birthplace of Father . .	Oxford Mass		
Birthplace of Mother . .	Marbleboro Mass		

Dated at Marlborough March 28 1923

JUN 1 1923

Signature of person making return or in attendance at birth. } Agnes M. M.
Marbleboro Mass

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BIRTHING

1 PLACE OF BIRTH

County of MiddlesexCity or Town of FraminghamThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Eleanor Blake { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>fe</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Mar. 26 1923</u> (Month) (Day) (Year)
--------------------------	--	-----------------------------	---	---

FATHER		MOTHER	
7 FULL NAME <u>Joseph F. Blake</u>	8 FULL MAIDEN NAME <u>Bessie Schumann</u>		
9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)		
11 COLOR <u>W</u>	12 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)	13 COLOR <u>W</u>	14 AGE AT LAST BIRTHDAY <u>27</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Everett, Mass.</u> (City or town) (State or country)	16 BIRTHPLACE <u>Ashmont, Mass.</u> (City or town) (State or country)		
17 OCCUPATION <u>Pattern maker</u>	18 OCCUPATION <u>--</u>		

19 Attendant at birth or informant <u>W. H. Gane</u> (If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name)	<u>M. D.</u> (Physician, midwife, father, or other)
--	--

Address No. _____ St. AshlandDated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes (City or town)20 Received William S. Walsh 3/27/23

Registrar of city or town where birth occurred

Received _____

Registrar of city or town where parents resided

21 Given name added from a supplemental report

(Month) (Day) (Year)

REGISTRAR

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

County of Middlesex

Registered No. (Place of birth)

Registered No. (Residence of parents)

City or Town of Framingham

Union Ave. Hosp.

No. St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Alice Virginia Fernald

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child

fe

4 Twin, triplet, or other?

(To be answered only in event of plural births)

5 Born alive or still-born alive

6 Date of birth

Apr. 2 1923
(Month) (Day) (Year)

7

FULL NAME

FATHER

Walter A. Fernald

8 PRESENT NAME AND MAIDEN NAME

MOTHER

Elsie A. Hunt

9 RESIDENCE No. (At time the birth occurred)

Middle Rd. ST.

Southboro

(City or town)

10 RESIDENCE No. (At time the birth occurred)

Middle Rd ST.

Southboro

(City or town)

11 COLOR

W

AGE 21 YEARS

12 COLOR

W

AGE 16 YEARS

13 BIRTHPLACE

Malden

(City or town)

(State or country)

14 BIRTHPLACE

Southboro

(City or town)

(State or country)

15 OCCUPATION

Farmer

16 OCCUPATION

17 Attendant at birth or informant

(If there was no physician or attendant, draw line through "attendant at birth or")

W. H. Gane

(Name)

M. D.

(Physician, parent, or other)

Address No.

St.

Ashland

(City or town)

Dated

(Month)

(Day)

(Year)

Did above-named personally attend the birth? yes

18 Received

(Month)

(Day)

(Year)

4/4/23
William S. Walsh

Registrar of city or town where birth occurred

19 Received

(Month)

(Day)

(Year)

Registrar of city or town where parents reside

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

4-22. 30,000.

1 PLACE OF BIRTH

County of **Suffolk**City or
Town of **Boston**

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. **5070** (Place of birth)

Registered No. (Residence of parents)

No. **PHILLIPS HOUSE M. G. H St.** Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD **CONSTANCE BRADLEE** { If child is not yet named, make supplemental report, as directed

3 Sex of Child F	4 Twin, triplet, or other? (To be answered only in event of plural births)	5 Born alive or still-born	6 Date of birth APRIL 11 1923 (Month) (Day) (Year)
-------------------------	--	----------------------------	--

7 FULL NAME FREDERICK J.	8 PRESENT NAME AND MAIDEN NAME JOSEPHINE DEGERSDORFF
------------------------------------	--

9 RESIDENCE No. (At time the birth occurred) SOUTHBORO MASS (City or town)	10 RESIDENCE No. (At time the birth occurred) SOUTHBORO MASS (City or town)
--	---

11 COLOR W AGE 30 YEARS	12 COLOR W AGE 26 YEARS
---------------------------------------	---------------------------------------

13 BIRTHPLACE BOSTON MASS (City or town) (State or country)	14 BIRTHPLACE NEW YORK CITY N. Y. (City or town) (State or country)
---	---

15 OCCUPATION BANKER	16 OCCUPATION HOUSEWIFE
-----------------------------	--------------------------------

17 Attendant at birth or informant F. IRVING (If there was no physician or attendant, draw line through "attendant at birth or")	(Name) (Physician, parent, or other)
--	--------------------------------------

Address No. 443 BEACON St., BOSTON MASS (City or town)	Did above-named personally attend the birth?
---	--

Dated (Month) (Day) (Year) APRIL 12 1923	
---	--

18 Received APRIL 12 1923 (Month) (Day) (Year)	19 Received (Month) (Day) (Year)
--	----------------------------------

E. W. M. Glenew
Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

3-21. 30,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Marlboro

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Marlboro Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Eleanor Sullivan (If child is not yet named, make supplemental report, as directed)

3 Sex of Child <u>G</u>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <u>born</u>	6 Date of birth <u>May 8 - 1923</u> (Month) (Day) (Year)
-------------------------	--	-----------------------------	--	---

FATHER		MOTHER	
7 FULL NAME <u>William F. Sullivan</u>	8 FULL MAIDEN NAME <u>Agnes R. Telfer</u>		
9 RESIDENCE No. <u>White Bagley Rd.</u> (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. (At time the birth occurred) (City or town)		

11 COLOR <u>W.</u>	12 AGE AT LAST BIRTHDAY <u>33</u> YEARS (At time the birth occurred)	13 COLOR <u>W.</u>	14 AGE AT LAST BIRTHDAY <u>25</u> YEARS (At time the birth occurred)
15 BIRTHPLACE <u>Southboro</u> (City or town) (State or country)	16 BIRTHPLACE <u>Scotland</u> (City or town) (State or country)		
17 OCCUPATION <u>Chauffeur</u>	18 OCCUPATION		

19 Attendant at birth or informant C. H. Merrill
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. St. Marlboro
Dated May 8 1923 (Month) (Day) (Year) (City or town)
Did above-named personally attend the birth? yes

20 Received <u>May 23 - 1923</u> (Month) (Day) (Year) <u>P. B. Murphy</u>	21 Received (Month) (Day) (Year)
---	-------------------------------------

Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

4-22. 30,000.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

Framingham Hosp.No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Robert Henry Mitchell

{ If child is not yet named, make supplemental report, as directed

2 FULL NAME OF CHILD

3 Sex of Child <u>m</u>	4 Twin, triplet, or other? _____ (To be answered only in event of plural births)	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>May 17 1923</u> (Month) (Day) (Year)
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7 FULL NAME <u>FATHER</u> <u>Henry Mitchell</u>	8 PRESENT NAME AND MAIDEN NAME <u>MOTHER</u> <u>Andree Martin</u>
---	---

9 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southboro (Fayville)</u> (City or town)
---	---

11 COLOR <u>W</u> AGE <u>31</u> YEARS	12 COLOR <u>W</u> AGE <u>29</u> YEARS
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13 BIRTHPLACE <u>Fayville</u> (City or town) (State or country)	14 BIRTHPLACE <u>France</u> (City or town) (State or country)
--	--

15 OCCUPATION <u>Laborer</u>	16 OCCUPATION <u>--</u>
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17 Attendant at birth or informant <u>J. Lowell Bacon</u> (If there was no physician or attendant, draw line through "attendant at birth or") (Name)	<u>M. D.</u> (Physician, parent, or other)
---	---

Address No. _____ St. Southboro
(City or town)Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

18 Received <u>5/23/23</u> (Month) (Day) (Year) <u>William S. Walsh</u>	19 Received _____ (Month) (Day) (Year)
---	---

Registrar of city or town where birth occurred

Registrar of city or town where parents reside

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

4-22. 30,000.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.
(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Donald John Cooker { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other? (To be answered only in event of plural births)	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>May 19, 1923</u> (Month) (Day) (Year)
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7 FULL NAME FATHER <u>John Cooker</u>	8 PRESENT NAME AND MAIDEN NAME MOTHER <u>Rose Mitchell</u>
---------------------------------------	--

9 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ St. _____ (At time the birth occurred) <u>Southboro</u> (City or town)
---	--

11 COLOR <u>W</u> AGE <u>37</u> YEARS	12 COLOR <u>W</u> AGE <u>33</u> YEARS
---------------------------------------	---------------------------------------

13 BIRTHPLACE _____ (City or town) <u>Italy</u> (State or country)	14 BIRTHPLACE _____ (City or town) <u>Boston</u> (State or country)
--	---

15 OCCUPATION <u>Shoe cutter</u>	16 OCCUPATION <u>--</u>
----------------------------------	-------------------------

17 Attendant at birth or informant R. S. Morse M. D.
(If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other)

Address No. _____ St. Ashland
(City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

18 Received <u>5/21/23</u> (Month) (Day) (Year) <u>William S. Walsh</u> Registrar of city or town where birth occurred	19 Received <u>6/8/23</u> (Month) (Day) (Year) <u>William S. Walsh</u> Registrar of city or town where parents reside
---	--

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Act of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

30,000.

4-222.

1 PLACE OF BIRTH

County of **Suffolk**
City or Town of **Boston**

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON
(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. **8328** (Place of birth) Registered No. _____ (Residence of parents)
No. **N.E. BAPTIST HOSP** St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD **NANCY LEE BURNETT** { If child is not yet named, make supplemental report, as directed

3 Sex of Child **F** 4 Twin, triplet, or other? _____ (To be answered only in event of plural births) 5 Born alive or still-born 6 Date of birth **JUNE 8** 1923
(Month) (Day) (Year)

7 FULL NAME **FATHER HARRY** 8 PRESENT NAME AND MAIDEN NAME **MOTHER ANNE H. TAYLOR**

9 RESIDENCE No. _____ St. **SOUTHBOROUGH MASS** (At time the birth occurred) (City or town)
10 RESIDENCE No. _____ St. **SOUTHBOROUGH MASS** (At time the birth occurred) (City or town)

11 COLOR **W** AGE **31** YEARS 12 COLOR **W** AGE **33** YEARS

13 BIRTHPLACE **SOUTHBOROUGH MASS.** (City or town) (State or country) 14 BIRTHPLACE **MT. STERLING KY.** (City or town) (State or country)

15 OCCUPATION **MERCHANTISER** 16 OCCUPATION **HOUSEWIFE**

17 Attendant at birth or informant **R. COCHRANE** (Name) (Physician, parent, or other)
(If there was no physician or attendant, draw line through "attendant at birth or")

Address No. **86 BAY STATE RD.** St. **BOSTON** MASS
(City or town)

Dated _____ 1923 Did above-named personally attend the birth?
(Month) (Day) (Year)

18 Received **JUNE 13** 1923 19 Received _____ 1923
(Month) (Day) (Year) (Month) (Day) (Year)

E. W. M. Glenew
Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 98, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

30,000.

4-22.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Esther Brock { If child is not yet named, make supplemental report, as directed

3 Sex of Child fe 4 Twin, triplet, or other? _____ (To be answered only in event of plural births) 5 Born alive or still-born alive 6 Date of birth June 13 1923
(Month) (Day) (Year)

7 FULL NAME FATHER Patrick J. Brock 8 PRESENT NAME AND MAIDEN NAME MOTHER Eunice Doolittle

9 RESIDENCE No. _____ St. _____ (At time the birth occurred) Southboro (City or town) 10 RESIDENCE No. _____ St. _____ (At time the birth occurred) Southboro (City or town)

11 COLOR W AGE 33 YEARS 12 COLOR W AGE 27 YEARS

13 BIRTHPLACE Hopkinton (City or town) (State or country) 14 BIRTHPLACE Southboro (City or town) (State or country)

15 OCCUPATION Asst. Tree Warden 16 OCCUPATION --

17 Attendant at birth or informant W. H. Gane M. D.
(If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other)

Address No. _____ St. Ashland (City or town) yes

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth?

18 Received 6/15/23 (Month) (Day) (Year) 19 Received _____ (Month) (Day) (Year)

William Walsh Registrar of city or town where birth occurred _____ Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDER

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

4-22-30,000.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(See deposition #2)
Framingham, Mass.
(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Priscilla Rose Lincoln { If child is not yet named, make supplemental report, as directed

3 Sex of Child fe 4 Twin, triplet, or other? _____ (To be answered only in event of plural births) 5 Born alive or still-born alive 6 Date of birth June 19 1923
(Month) (Day) (Year)

7 FULL NAME FATHER Howard R. Lincoln 8 PRESENT NAME AND MAIDEN NAME MOTHER Ailene Voter

9 RESIDENCE No. _____ ST. _____
(At time the birth occurred) Southboro
(City or town) 10 RESIDENCE No. _____ ST. _____
(At time the birth occurred) Southboro
(City or town)

11 COLOR W AGE 33 YEARS 12 COLOR W AGE 32 YEARS

13 BIRTHPLACE Southboro (City or town) (State or country) 14 BIRTHPLACE Phillips, Me. (City or town) (State or country)

15 OCCUPATION Clerk 16 OCCUPATION --

17 Attendant at birth or informant W. H. Gane M. D.
(If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other)

Address No. _____ St. Ashland
(City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

18 Received 6/22/23 (Month) (Day) (Year)
William S. Walsh
Registrar of city or town where birth occurred

19 Received _____ (Month) (Day) (Year)

Registrar of city or town where parents reside

Commonwealth of Massachusetts.

City or Town, Framville
Date of Birth, June 23 1923
Sex, Male
Color (if other than white) _____
Name (if named), Leo Gunga
Place of Birth, No. Pleasant Street
Name of Father, Ercola Gunga
Name of Mother, Elizabeth Gunga
Maiden Name of Mother, Elizabeth Della Cortuga
Age of Father, 43 Mother, 42
Residence of Parents, No. Pleasant Street
Ward _____
Occupation of Father, Labourer
Occupation of Mother (if any), Housewife
Birthplace of Father, Pezar, Italy
Birthplace of Mother, Pezar, Italy
I did _____ personally attend the birth.

(Signature)

C. E. Harrison

Physician

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Fill out with ink. All names to be in full.

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

4-22-30,000.

1 PLACE OF BIRTH

County of Middlesex
City or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.
(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)
No. Framingham Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

John James Tobin

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child m 4 Twin, triplet, or other? _____ (To be answered only in event of plural births) 5 Born alive or still-born alive 6 Date of birth June 26, 1923
(Month) (Day) (Year)

7 FULL NAME FATHER
John J. Tobin

8 PRESENT NAME AND MAIDEN NAME MOTHER
Catherine Tobin

9 RESIDENCE No. Newton ST. _____
(At time the birth occurred)
Southboro
(City or town)

10 RESIDENCE No. Newton ST. _____
(At time the birth occurred)
Southboro
(City or town)

11 COLOR W AGE 33 YEARS

12 COLOR W AGE 29 YEARS

13 BIRTHPLACE Marlboro
(City or town) (State or country)

14 BIRTHPLACE Southboro
(City or town) (State or country)

15 OCCUPATION Shoe cutter

16 OCCUPATION hw

17 Attendant at birth or informant J. Lowell Bacon M. D.
(If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other)

Address No. _____ St. Southboro
(City or town)
Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

18 Received 7/3/23
(Month) (Day) (Year)

19 Received _____ (Month) (Day) (Year)

William Walsh
Registrar of city or town where birth occurred

Registrar of city or town where parents reside

Commonwealth of Massachusetts.

City or Town, Southboro Mass
Date of Birth, July 2 1923
Sex Female Born Alive, Yes
Color (if other than white), White
Name (if named), _____
Place of Birth, No. _____ Street _____
Name of Father, Charles Buri
Name of Mother, Caroline Bertonesi
Maiden Name of Mother, Caroline Buri
Age of Father, 42 Mother, 40
Residence of Parents, No. Middle Rd Street _____
Ward _____
Occupation of Father, Labourer
Occupation of Mother (if any), Housewife
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did _____ personally attend the birth.

(Signature),

James Brien

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink.

All names to be in full.

Commonwealth of Massachusetts.

City or Town, ~~Franklin~~ Cordaville

Date of Birth, July 2, 23 19

Sex, Male Born Alive, Yes

Color (if other than white),

Name (if named), George Morrissini

Place of Birth, No. Woodland Rd Street

Name of Father, Antonio Morrissini

Name of Mother, Bertha Morrissini

Maiden Name of Mother, Bertha Giombetti

Age of Father, 26 Mother, 24

Residence of Parents, No. Woodland Rd, Street

Ward Cordaville

Occupation of Father, Laborer

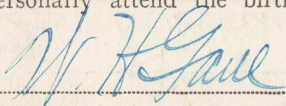
Occupation of Mother (if any), Housewife

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did personally attend the birth.

(Signature),



Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

4-22 30,000.

1 PLACE OF BIRTH

County of Middlesex

City or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.
(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Gloria Rose Baldelli { If child is not yet named, make supplemental report, as directed

3 Sex of Child fe 4 Twin, triplet, or other? (To be answered only in event of plural births) 5 Born alive or still-born alive 6 Date of birth July 22 1923
(Month) (Day) (Year)

7 FULL NAME FATHER Elio Baldelli 8 PRESENT NAME AND MAIDEN NAME MOTHER Rose LaBossiere

9 RESIDENCE No. _____ ST. Fayville
(At time the birth occurred) (City or town) 10 RESIDENCE No. _____ ST. Fayville
(At time the birth occurred) (City or town)

11 COLOR W AGE 21 YEARS 12 COLOR W AGE 21 YEARS

13 BIRTHPLACE Clinton (City or town) (State or country) 14 BIRTHPLACE Marlboro (City or town) (State or country)

15 OCCUPATION Farmer 16 OCCUPATION --

17 Attendant at birth or informant R. S. Morse M. D.
(If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other)

Address No. _____ St. Ashland
(City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

18 Received 7/24/23 (Month) (Day) (Year) William S. Walsh
Registrar of city or town where birth occurred 19 Received _____ (Month) (Day) (Year) _____
Registrar of city or town where parents reside

PHYSICIAN'S CERTIFICATE.

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE ~~CITY OF MARLBOROUGH~~

Town of Southboro.

Fill out with ink.

All names to be in full.

Date of Birth	July 24 - 1923.		
Full Name of Child . .	Galione		
Sex, Color, and if Twin	M - W		
Place of Birth	Central	Street and Number, if any	Ward.....
Full Name of Father . .	Galione - Eugenio		Age 37
Maiden Name of Mother	Ricci - Amelio		Age 37
Residence of Parents . .	Central	Street and Number, if any	Ward.....
Occupation of Father . .	Mechanic		
Occupation of Mother . .	House.		
Birthplace of Father . .	Italy		Age ..
Birthplace of Mother . .	"		Age.....

Dated at Marlborough	July 24 - 1923.
Signature of person making return or in attendance at birth.	Dr. Merrill W.D. Marlboro Mass.

Aug 25 - 1923
187 Bostonbury church

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSFramingham, Mass.
(City or town)County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of FraminghamRegistered No. _____
(Place of birth)Registered No. _____
(Residence of parents)No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Donald Roy Hunt Jr.{ If child is not yet named, make
supplemental report, as directed3 Sex of
Child m4 Twin, triplet,
or other?
(To be answered only in event of plural births)5 Born alive or still-
born alive6 Date of birth July 26, 1923
(Month) (Day) (Year)

7

FULL
NAME

FATHER

Ronald R. Hunt8 PRESENT
NAME AND
MAIDEN NAME

MOTHER

Ellen Thompson9 RESIDENCE No. Framingham Rd. ST. _____
(At time the birth occurred)Southboro

(City or town)

10 RESIDENCE No. _____ ST. _____
(At time the birth occurred)Southboro

(City or town)

11 COLOR

WAGE 28 YEARS

12 COLOR

WAGE 22 YEARS

13 BIRTHPLACE

Newtonville

(City or town)

(State or country)

14 BIRTHPLACE

Framingham

(City or town)

(State or country)

15 OCCUPATION

Poultry farmer

16 OCCUPATION

- -

17 Attendant at birth or informant

(If there was no physician or attendant, draw
line through "attendant at birth or")William M. Bodwell

(Name)

M. D.

(Physician, parent, or other)

Address No. _____

St. _____

(City or town)

Dated: _____

(Month)

(Day)

(Year)

Did above-named personally attend the birth? yes

18 Received

(Month)

(Day)

(Year)

7/31/23

Registrar of city or town where birth occurred

19 Received

(Month)

(Day)

(Year)

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDER
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Marlboro

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Marlboro Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child Fl. 4 Twin, triplet, or other? 4a Number In order of birth 5 Born alive or still born 6 Date of birth July 30, 1923
(To be answered only in event of plural births) (Month) (Day) (Year)

7 FULL NAME FATHER Harry J. Clark 8 FULL MAIDEN NAME MOTHER Alice A. Rayce
9 RESIDENCE No. (At time the birth occurred) St. Southboro 10 RESIDENCE No. (At time the birth occurred) St. Southboro
(City or town) (City or town)

11 COLOR 12 AGE AT LAST BIRTHDAY 24 YEARS (At time the birth occurred) 13 COLOR W 14 AGE AT LAST BIRTHDAY 21 YEARS (At time the birth occurred)
15 BIRTHPLACE Burlington VT (City or town) (State or country) 16 BIRTHPLACE Plymouth VT (City or town) (State or country)
17 OCCUPATION Farmer 18 OCCUPATION

19 Attendant at birth or informant C. W. Smith (Name) (Physician, midwife, father, or other)
(If there was no physician or midwife attendant, draw line through "attendant at birth or")

Address No. Aug 2 1923 St. Marlboro
Dated (Month) (Day) (Year) (City or town)

Did above-named personally attend the birth? yes

20 Received Aug 3 1923 (Month) (Day) (Year) 21 Received (Month) (Day) (Year)

Registrar of city or town where birth occurred

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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4-22 30,000.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of Framingham

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Name Angelo Charles Bertonazi { If child is not yet named, make supplemental report, as directed

2 FULL NAME OF CHILD

3 Sex of Child

m4 Twin, triplet, or other?
(To be answered only in event of plural births)5 Born alive or still-born
alive6 Date of birth Aug. 13, 1923
(Month) (Day) (Year)

7 FULL NAME

FATHER

Louis Bertonazi

8 PRESENT NAME AND MAIDEN NAME

MOTHER

Louisa Castanetti9 RESIDENCE No. _____ ST. _____
(At time the birth occurred)School
Southboro
(City or town)10 RESIDENCE No. _____ ST. _____
(At time the birth occurred)School
Southboro
(City or town)

11 COLOR

WAGE 38 YEARS

12 COLOR

WAGE 32 YEARS

13 BIRTHPLACE

(City or town)

Italy
(State or country)

14 BIRTHPLACE

(City or town)

Italy
(State or country)

15 OCCUPATION

Farmer

16 OCCUPATION

hw17 Attendant at birth or informant.
(If there was no physician or attendant, draw line through "attendant at birth or")William M. Bodwell
(Name)M. D.

(Physician, parent, or other)

Address No. _____

St. _____

Framingham

(City or town)

Dated _____

(Month)

(Day)

(Year)

Did above-named personally attend the birth? ye

18 Received _____

(Month)

(Day)

(Year)

8/25/23William S. Walsh

Registrar of city or town where birth occurred

19 Received _____

(Month)

(Day)

(Year)

Registrar of city or town where parents reside

MARGIN RESERVED FOR BINING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

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30,000.

4-'22.

1 PLACE OF BIRTH

County of MiddlesexCity or Town of FraminghamThe Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Framingham, Mass.

(City or town)

COPY OF RETURN OF A BIRTH

(See instructions in margin)

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Framingham Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Brinley

{ If child is not yet named, make supplemental report, as directed

2 FULL NAME OF CHILD

3 Sex of Child fe4 Twin, triplet, or other? _____
(To be answered only in event of plural births)5 Born alive or still-born still6 Date of birth Aug. 27, 1923
(Month) (Day) (Year)

7 FULL NAME

FATHER

Godfrey Brinley

8 PRESENT NAME AND MAIDEN NAME

MOTHER

Marion Fay9 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

11 COLOR VAGE 44 YEARS12 COLOR WAGE 34 YEARS13 BIRTHPLACE Hartford, Conn.
(City or town) (State or country)14 BIRTHPLACE Southboro
(City or town) (State or country)15 OCCUPATION Teacher16 OCCUPATION hw17 Attendant at birth or informant _____
(If there was no physician or attendant, draw line through "attendant at birth or")J. Lowell Bacon

(Name)

M. D.

(Physician, parent, or other)

Address No. _____

St. _____

Southboro

(City or town)

Dated _____

(Month)

(Day)

(Year)

Did above-named personally attend the birth? yes

18 Received _____

9/10/23

(Month)

(Day)

(Year)

Registrar of city or town where birth occurred

19 Received _____

(Month)

(Day)

(Year)

Registrar of city or town where parents reside

191

(See deposition #1)

Commonwealth of Massachusetts.

City or Town, Southboro

Date of Birth, June 4 1923

Sex, Male Born Alive, Yes

Color (if other than white), White

Name (if named), Enrico Cecolini

Place of Birth, No. Hayville Street

Name of Father, Enrico Cecolini

Name of Mother, _____

Maiden Name of Mother, Augusta Pedinotte

Age of Father, 25 Mother, 29

Residence of Parents, No. Pleasant Street

Ward Hayville

Occupation of Father, Labourer

Occupation of Mother (if any), Home

Birthplace of Father, Italy

Birthplace of Mother, Italy

I did _____ personally attend the birth.

(Signature),

R S Morse

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

Commonwealth of Massachusetts.

City or Town, Southboro Mass.
Date of Birth, Sept. 3 1923
Sex, Female
Color (if other than white), White
Name (if named), Angie Prosperi
Place of Birth, No. _____ Street _____
Name of Father, Louis Prosperi
Name of Mother, Louise
Maiden Name of Mother, Louise Marge
Age of Father, 28 Mother, 26
Residence of Parents, No. _____ Street _____
Ward _____
Occupation of Father, Laborer
Occupation of Mother (if any), Housewife
Birthplace of Father, Italy
Birthplace of Mother, Italy
I did _____ personally attend the birth.

(Signature),

James Baer

Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink. All names to be in full.

PHYSICIAN'S CERTIFICATE.

THE COMMONWEALTH OF MASSACHUSETTS

~~CITY OF MARLBOROUGH~~

Town of Southboro.

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Fill out with ink.

All names to be in full.

Date of Birth	<i>Sept. 20 - 1923</i>	
Full Name of Child	<i>Gasparoni</i>	
Sex, Color, and if Twin	<i>M. W.</i>	
Place of Birth	<i>"The Block" Central St</i>	Ward.....
	Street and Number, if any	
Full Name of Father	<i>Gasparoni Carmelo</i>	Age
Maiden Name of Mother	<i>Livi, Cesira</i>	Age.....
Residence of Parents	<i>Central St Fairview</i>	Ward.....
	Street and Number, if any	
Occupation of Father	<i>Laborer</i>	
Occupation of Mother	<i>House</i>	
Birthplace of Father	<i>Italy</i>	Age
Birthplace of Mother	<i>Italy</i>	Age.....

Dated at Marlborough *Sept 20 -* 1923

Signature of person making return or in attendance at birth. } *Ch Merrill MD.*
Marlboro Mass.

Sept 22 - 23
1923 *62 Fairview*

Commonwealth of Massachusetts.

City or Town, Southboro Mass.

Date of Birth, Sept 24 1923

Sex Female Born Alive, Yes

Color (if other than white), White

Name (if named), Mary Victoria Gebhart

Place of Birth, No. _____ Street

Name of Father, George Gebhart

Name of Mother, Mary M. (Loubin) Gebhart

Maiden Name of Mother, " " "

Age of Father, 28 Mother, 24

Residence of Parents, No. _____ Street

Ward _____

Occupation of Father, Labourer

Occupation of Mother (if any), Housewife

Birthplace of Father, Southboro Mass.

Birthplace of Mother, Worcester Mass.

I did..... personally attend the birth.

(Signature),

Lawrence Bacon
Physician

(Copyright, 1912, by The Henry M. Meek Publishing Co., Salem, Mass.)

Fill out with ink.

All names to be in full.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS Framingham, Mass.
(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Framingham

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Robert Ernest Andrews { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>m</u>	4 Twin, triplet, or other? <u>twin</u> (To be answered only in event of plural births)	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Nov. 11, 1923</u> (Month) (Day) (Year)
-------------------------	---	---	--

7 FULL NAME FATHER <u>Arthur L. Andrews</u>	8 PRESENT NAME AND MAIDEN NAME MOTHER <u>Lillian Woodward</u>
---	---

9 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southboro</u> (City or town)	10 RESIDENCE No. _____ ST. _____ (At time the birth occurred) <u>Southboro</u> (City or town)
---	--

11 COLOR <u>W</u> AGE <u>21</u> YEARS	12 COLOR <u>W</u> AGE <u>22</u> YEARS
---------------------------------------	---------------------------------------

13 BIRTHPLACE <u>Manchester N. H.</u> (City or town) (State or country)	14 BIRTHPLACE <u>Chelsea, Mass.</u> (City or town) (State or country)
--	--

15 OCCUPATION <u>Carpenter</u>	16 OCCUPATION <u>--</u>
--------------------------------	-------------------------

17 Attendant at birth or informant <u>Gilbert O. Wood</u> M. D. (If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other) <u>Framingham</u>
--

Address No. _____ St. _____ (City or town)

Dated _____ (Month) (Day) (Year) Did above-named personally attend the birth? yes

18 Received <u>10/21/23</u> (Month) (Day) (Year) <u>William Shwahn</u> Registrar of city or town where birth occurred	19 Received _____ (Month) (Day) (Year) Registrar of city or town where parents reside
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MARGIN RESERVED FOR INDEXING
WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Frammingham, Mass.

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Frammingham

Registered No. _____ (Place of birth) Registered No. _____ (Residence of parents)

No. Union Ave. Hosp. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Richard Walter Andrews

{ If child is not yet named, make supplemental report, as directed

3 Sex of
Childm4 Twin, triplet,
or other?twin

(To be answered only in event of plural births)

5 Born alive or still-
alive6 Date of
birthNov. 11, 1923

(Month) (Day) (Year)

7

FULL
NAME

FATHER

Arthur L. Andrews8 PRESENT
NAME AND
MAIDEN NAME

MOTHER

Lillian Woodward9 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

10 RESIDENCE No. _____ St. _____
(At time the birth occurred)Southboro

(City or town)

11 COLOR

W

AGE

21

YEARS

12 COLOR

W

AGE

22

YEARS

13 BIRTHPLACE

Manchester N. H.

(City or town)

(State or country)

14 BIRTHPLACE

Chelsea, Mass.

(City or town)

(State or country)

15 OCCUPATION

Carpenter

16 OCCUPATION

--

17 Attendant at birth or informant

Gilbert O. WoodM. D.(If there was no physician or attendant, draw
line through "attendant at birth or")

(Name)

(Physician, parent, or other)

Address No. _____

St. _____

Frammingham

(City or town)

Dated _____

(Month)

(Day)

(Year)

Did above-named personally attend the birth? yes

18 Received

10/21/23

(Month)

(Day)

(Year)

William L. Walsh

Registrar of city or town where birth occurred

19 Received

(Month)

(Day)

(Year)

Registrar of city or town where parents reside

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

PHYSICIAN'S CERTIFICATE.

THE COMMONWEALTH OF MASSACHUSETTS
CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Fill out with ink.

All names to be in full.

Date of Birth	Nov. 12 - 1923.	
Full Name of Child	McCarthy	
Sex, Color, and if Twin	F. W. -	
Place of Birth	White - Bagley Rd.	Ward
	Street and Number, if any	
Full Name of Father	McCarthy, Michael J.	Age 30
Maiden Name of Mother	Duffault, Angelina	Age 28
Residence of Parents	White - Bagley Rd.	Ward
	Street and Number, if any	
Occupation of Father	Carpenter	
Occupation of Mother	Housewife	
Birthplace of Father	Southboro Mass.	Age
Birthplace of Mother	Marlboro Mass.	Age

Dated at Marlborough

Nov. 13 - 1923

Signature of person making
return or in attendance
at birth.

Lloyd I. Merrill
Marlboro Mass

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of Middlesex

COPY OF RETURN OF A BIRTH

(See instructions in margin)

City or
Town of Framingham

Registered No. (Place of birth) Registered No. (Residence of parents)

No. Framingham Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Norma Lee Smith { If child is not yet named, make supplemental report, as directed

3 Sex of Child <u>fe</u>	4 Twin, triplet, or other ?	4a Number in order of birth	5 Born alive or still-born <u>alive</u>	6 Date of birth <u>Nov. 17, 1923</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

7 FULL NAME Erwin L. Smith

9 RESIDENCE No. ST.
(At time the birth occurred) Southboro
(City or town)

11 COLOR W

12 AGE AT LAST BIRTHDAY 28 YEARS
(At time the birth occurred)

15 BIRTHPLACE Lowell
(City or town) (State or country)

17 OCCUPATION Electrician

8 FULL MAIDEN NAME Susie Brewer

10 RESIDENCE No. ST.
(At time the birth occurred) Southboro
(City or town)

13 COLOR W

14 AGE AT LAST BIRTHDAY 35 YEARS
(At time the birth occurred)

16 BIRTHPLACE Southboro
(City or town) (State or country)

18 OCCUPATION hw

19 Attendant at birth or informant J. Lowell Bacon, M. D.
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)

Address No. St. Southboro
(City or town)

Dated (Month) (Day) (Year) Did above-named personally attend the birth? yes

20 Received 12/6/23
William L. Walsh
Registrar of city or town where birth occurred

Received

21 Given name added from a supplemental report 12/22/23
(Month) (Day) (Year)

Registrar of city or town where parents resided

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

Form R-6 is to be used for births which occurred outside your city or town in case the parents were residents of your city or town at the time the birth occurred. Copies of returns of births which occurred in your city or town in case the parents resided in another city or town at the time the child was born should be transmitted on Form R-6 to the clerk of the city or town in which the parents resided as soon as possible after the close of the month in which the birth occurred. (See Acts of 1910, Chap. 93, Sec. 3.) If your canvasser obtains from parents now living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Southboro
(City or town)

1 PLACE OF BIRTH

County of *Middlesex*

CANVASSER'S RETURN OF A BIRTH

(See instructions in margin)

City or Town of *Frammingham*

Registered No. *Frammingham* No. *100* St. *100* Ward *100*
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD *Norma Lee Smith*

{ If child is not yet named, make supplemental report, as directed

3 Sex of Child <i>Female</i>	4 Twin, triplet, or other ? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or still-born <i>Alive</i>	6 Date of birth <i>Nov 17, 1923</i> (Month) (Day) (Year)
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FATHER

7 FULL NAME *Erwin S. Smith*

9 RESIDENCE No. *100* St. *100*
(At time the birth occurred)

Southboro
(City or town)

11 COLOR *White*

12 AGE AT LAST BIRTHDAY *28* YEARS
(At time the birth occurred)

15 BIRTHPLACE *Lowell, Mass.*
(City or town) (State or country)

17 OCCUPATION *Electrician*
(At time the birth occurred)

19 Attendant at birth *J. Lowell Bacon*
Physician or midwife *Physician*
Address No. *100* St. *100*
City or town *Southboro*

Did above-named personally attend the birth? *Yes*
(Yes or No)

MOTHER

8 FULL MAIDEN NAME *Susie Brewer*

10 RESIDENCE No. *100* St. *100*
(At time the birth occurred)

Southboro
(City or town)

13 COLOR *White*

14 AGE AT LAST BIRTHDAY *35* YEARS
(At time the birth occurred)

16 BIRTHPLACE *Southboro, Mass.*
(City or town) (State or country)

18 OCCUPATION *Housewife*
(At time the birth occurred)

20 Informant *Susie Smith*
Address No. *100* St. *100*
City or town of *Southboro*
Relationship to child, if any *mother*

21 Name of canvasser *Mayor F. McDonald*

22 Filed (Month) (Day) (Year)

Date return was obtained *Jun 7, 1924*
(Month) (Day) (Year)

REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD
Form R-2 is to be used for births which occurred in your city or town and which were obtained by the canvasser and which had not been returned previously. Birth returns obtained from Episcopal or church records and not previously reported by a physician, midwife, parent, or hospital should also be returned on Form R-2.
If your canvasser obtains from parents new living in your city or town a birth return of a child born in another city or town you should transmit a copy of such birth return on Form R-6 to the clerk of the city or town in which the birth occurred.

PHYSICIAN'S CERTIFICATE.

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MARLBOROUGH

RETURN OF A BIRTH

TO THE CLERK OF THE CITY OF MARLBOROUGH

Fill out with ink.

All names to be in full.

Date of Birth . . .	Dec 3, 1923		
Full Name of Child . .			
Sex, Color, and if Twin	Male, white		
Place of Birth . . .	Chestnut Hill Rd. Southboro	Ward	
	Street and Number, if any		
Full Name of Father .	Frank Burr	Age	26
Maiden Name of Mother	Kathleen Trizzell	Age	25
Residence of Parents .	Chestnut Hill Rd. Southboro	Ward	
	Street and Number, if any		
Occupation of Father .	Farmer		
Occupation of Mother .	At Home		
Birthplace of Father .	Everett Mass.		
Birthplace of Mother .	Nova Scotia		

Dated at Marlborough	Dec 3,	1923
Signature of person making return or in attendance at birth.	{ C. H. Smith M.D.	
	{ Marlboro Mass.	